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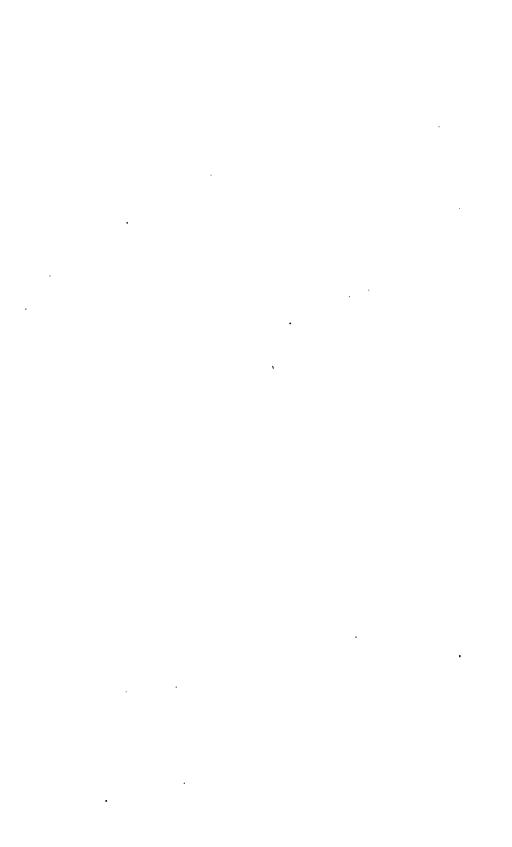
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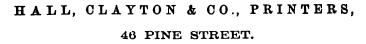
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Mo. 1.

ORIGINAL DEPARTMENT.

OBSERVATIONS ON SYPHILITIC IRITIS.

By JOHN O'RELLY, M.D., Licentiate and Fellow of the Royal College of Surgeons in Ireland,
Resident Fellow of the New York Academy of Medicine, Member of the
Medico-Chirurgical College of New York.

What is syphilitic iritis? It is a specific inflammation of the iris. What is its primary cause? An ulcer known as a chancre. How is the chancre produced? By impure sexual intercourse, whereby an animal poison is communicated from one individual to another. How soon is it known that inoculation has taken place? The time of the poisonous incubation varies from a few to several days, if the statements of individuals can be relied on. What are the characters of a chancre in the course of formation? Some heat, tingling pain. redness, a papilla followed by a vesicle; and lastly, a pustule attracts What next happens? The cuticle cracks, leaving an ulcer or chancre exposed to view. What are the appearances of a I will answer by quoting Mr. Hunter's description: "The sore is somewhat of a circular form, excavated without granulations, with matter adhering to the surface, and with a thickened edge and base. This hardness or thickening is very circumscribed. not diffusing itself gradually and imperceptibly into the surrounding parts, but terminating rather abruptly." What is the modus operandi of the poison? The received opinion is, that it acts by absorption: in other words, that the poison is taken up by the lymphatics, conveyed into the circulation, and, after some time, makes it appearance at the site of inoculation.

Is there any objection to this mode of accounting for the phenomenon? Yes. If the poison acted by absorption, it is obvious that several parts of the body would be engaged at the same time; and consequently, that numerous chancres would be the result; and as such is not the case, it must be consided that the polson is still located in its original situation—inasmuch as the chancre actually presents itself there. What, then, is the true explanation? This question must be answered by asking, What is inflammation? A vast deal has been said and written about inflammation. Boerhaave attributed it to an error loci; Cullen, to spasm of the capillaries; John Hunter, to diminished muscular power, with increased elasticity of the arteries. Dr. Wilson Phillip remarked, the "circulation was slower in the capillaries." Dr. Thompson observed "increased action of capillaries in a moderate degree." Dr. Hastings, that "inflammation consists in a weakened action of the capillaries, by which the equilibrium between the larger and smaller vessels is destroyed, and the latter become distended."

Are the phenomena attendant on inflammation now understood? The answer must be in the negative. It will be soon rendered apparent that the primary cause of inflammation is an impression made on the organic nerves: that when, for instance, the poison is brought in contact with the organic nerves, that they resist its pernicious influence for some time, but are eventually acted on by it; that they become excited, inducing or causing a dilatation of the arterial capillaries, as is witnessed by the redness and heat supervening.

Have the organic nerves the power to increase or diminish the calibre of the capillaries? Yes. The proofs appear to be irresistible. Is not a pale-faced man made to blush, or get a red face, when charged with an abominable crime? Does not a young, rosy-cheeked damsel grow deadly pallid when stricken with fear? Does not the mucous membrane, or villous coat, of the stomach become crimson and turgid during the process of digestion? Does not the penis, from being small and flaccid, become large and distended? Do not the lips and breasts become injected with blood whilst under excitement?

Is it not now clearly manifest that the organic nerves have the power to cause the expansion of the capillaries?

But, inasmuch as blushing only lasts for a few seconds, it may be objected that there is no similarity between it and inflammation. How is this difficulty to be got rid of? Easily—by recollecting the organic nerves, in the one case, are only in a temporary state of ex-

citement; whilst in the other, the cause being kept up, the excitation is changed into stimulation.

How is it known that irritation has taken place? By the heat and pain which accompany it.

If the heat, pain, redness, and swelling depend on the dilatation and stimulation of the capillaries induced by the organic nerves whilst suffering from irritation, how is the effusion of lymph, serum, or pus, which subsequently occurs, accounted for? This interrogatory must be replied to by putting another. How are the gastric juice, the bile, and the urine secreted? Are not all these the product of the capillaries acting under the influence of the organic nervous system? Admitting the truth of this explanation, then, it may be averred that, precisely on the same principle, the lymph, serum, and pus are secreted from the capillary arteries whilst acting under the direction of the organic nerves.

Are there any other collateral proofs to sustain the declaration that the organic nerves are concerned, in the manner stated, in a case of inflammation?

Certainly. When belladonna is applied to the breast, or over the stomach, it causes dilatation of the pupil—the iris, it will be remembered, is exclusively supplied with nerves from the lenticular, (1) which is an organic ganglion; and is not influenced by the nerves derived from the animal nervous system. Again, the application of belladonna stops the secretion of milk—thus showing it has a sedative influence on the organic nerves.

If a blister is applied, and the cuticle subsequently removed, and strychnine is placed on the exposed surface, all the muscles will be thrown into tetanic spasm. But it may be said the strychnine is absorbed, and gets into the circulation. If such should be the case, then there would not be time for the muscles of the trunk to be thrown into spasm, as the heart, the great central muscle of the circulation, would be the first to suffer, and be attended with instant death.

When a blister is applied to the skin, it effects vesication as well as pain of the organic nerves in the rete mucosum. The kidneys also suffer from irritation, showing conclusively that the secretion of urine, as well as the exhalation from the skin, are under the same nervous influence.

When a person is attacked with constitutional disturbance after a dissecting wound, a pustule will be found marking the situation of the

wound, thus showing that the poison is still stationed at the point of its entrance.

An individual who has been bitten by a rabid dog, will have the wound healed up, and never after have his attention directed to it, until symptoms of hydrophobia present themselves, when the wound will be found exhibiting the signs of recent inflammation. What can be clearer than that the poison has been dormant at the place during the interval of the infliction of the bite and the ushering in of the symptoms of hydrophobia? A practical deduction should not be lost sight of—namely, excision of the part implicated, which may be put in practice, any time up to the inflammation of the wound setting in, with good effect.

The late Professor Colles, who was eminently practical, used to enforce in his lectures the propriety of keeping a patient under the influence of mercury as long as any hardness could be discovered, even although the chancre was healed up; stating, that as long as such continued, the patient was not in a position to escape secondary symptoms.

Here, too, the practical rule should be to excise the part so affected. Here, too, it is evident, the poison must be in its original nidus.

When a child is vaccinated, the vesicle and subsequent pustule appear where the matter was inserted. If the vaccine virus acted by absorption, then pustules would cover the whole body, and not be confined to one place.

When a person is attacked with a whitlow in the thumb, index, or middle finger, the radial artery pulsates violently, and demonstrates the energy of the organic nerves to overcome the difficulty opposed to them by the fibrous membrane. Further examples need not be multiplied.

Another question now suggests itself. What is the function of the capillary arteries when in a normal state?

To give oxygen to the organic nervous system, to provide for the wear and tear of the body; the restoration of organs acting under the influence of the organic nervous system, as is exemplified in the cica trization of an ulcer. The blood contains the material required, and the organic nerves assimilate and form it to its proper mould.

Here I cannot avoid digressing to remark, that the pulmonary arteries, containing venous blood, terminate in capillaries in the bronchial membrane lining the air-cells; that the pulmonary veins, containing arterial blood, commence by capillaries in the air-cells; that the blood is separated from the air by a fine membrane; and conse-

quently, that there must be some other influence to cause the absorption or endosmosis of the oxygen from the air, and the elimination of carbon from the blood.

What is the true explanation to be given? Again, analogy must be resorted to. When food is introduced into the atomach, gastric juice is secreted by the action of the branches of the solar plexus, (the stomachic plexus.) What food is to the stomach, air is to the lungs. The branches of the pulmonary plexus decompose the air, causing the oxygen to pass into the blood by endosmosis, and the carbon to be set free by exosmosis.

Again, on the surface of the body and other parts, the arteries terminate in capillaries, to give off the oxygen to the organic nerves; whilst the capillary veins carry back the blood, to be again revived. Here it will be observed the organic nerves have the power to take the oxygen from the air primarily, as well as to appropriate it to themselves subsequently. "Because the life of the flesh is in the blood."—(Leviticus, Chap. 17, verses 11, 14.) This is a divine truth. The blood contains oxygen, which is the life of the organic nervous system, without which life could not be retained.

Mr. Hunter's views with respect to the vitality of the blood are well worthy of consideration.

However, that life is not located in the blood, is proved by a simple experiment. When an animal is bled, and all the blood drained off, life will not be extinct; convulsions will take place in consequence of the struggle going on in the organic ganglia for oxygen.

Why death occurs on the abstraction of blood is now manifest; it is the want of oxygen. It is equally clear that whatever cause prevents the oxygenation of the blood, kills in the same way, inasmuch as life cannot continue in the organic ganglia without ogygen. In proportion as the quantity of oxygen is diminished, the foundation of life is undermined, as is witnessed in a case of phthisis, where the gradual destruction of the lungs cuts off by degrees the requisite supply of oxygen, until at length there is not enough left to prolong the flickering flame of life.

A clear and distinct knowledge of the organic and animal nervous systems is indispensably necessary for a proper elucidation of the subject under consideration.

Is life centred in the organic nervous system, consisting of the organic ganglia and their branches; and is it perfectly independent of

the animal nervous system, consisting of the brain, spinal cord, and spinal nervos?

It is certainly true that life inhabits, or is situated in, the organic nervous system, inasmuch as the brain may be totally destroyed without extinguishing life. I should remark, no man can demonstrate life—it resembles, in a certain degree, electricity—it is only known by its effects.

It is to be recollected that when man was made he was furnished with two sets of organs of the most beautiful, elaborate, ingenious, and complicated kind. The one intended for the maintenance and preservation of life, as well as the propagation of the species, namely: the organic nervous system, the organs of respiration, circulation, digestion, secretion, and absorption. The other, to connect the individual with the external world, consisting of the brain, spinal cord, spinal nerves, organs of sense and locomotion.

There are two intelligent, immaterial agents in man. One resides in the organic nervous system, and is possessed of extraordinary wisdom.

No man can make gastric juice, bile, urine, or saliva from the same material, or by any chemical process. If a man, ignorant of the fact, were told that the stomach, made up of muscular fibres, blood-vessels, nerves, mucous or villous membrane, and cellular tissue, could secrete a fluid susceptible of dissolving a piece of flint or steel, as the stomachs of some animals are capable of doing, he would deem it impossible. The giving of life to man was one act on the part of the Deity. See Genesis, Chap. 2, verse 7: "And breathed into his face the breath of life." The other in the animal nervous system.

The giving of judgment, volition, and memory, was an attribute conferred on man, independent of life, as is implied in the 2d chap., 17th verse of Genesis: "But of the Tree of Knowledge of good and evil thou shalt not eat."

The nerves of animal life are connected with the nerves of organic life. They act in concert, as occurs in the eye, the ear, and the larynx. To give an illustration: a singer wishes to produce a very high or low note; the will is conveyed by the recurrent branch of the par vagum to the muscles of the larynx. The chordæ vocales must be rendered tense or relaxed at the same moment by the action of the muscles. Now, the will has no power to produce the condition of the muscles desiderated; it therefore devolves on the organic nerves to regulate the muscles, which they do in the same way the ciliary nerves regulate the iris, and the otic nerves the tensor tympani muscles.

Here the combined wisdom of both intelligent agents is made conmictous.

Here some person will exclaim, How is it possible a ganglion could possess such intelligence?

Bat it is just as difficult to conceive how a soft, pulpy mass, made up of white and gray substance, as is the brain, could contain all the knowledge of Sir Isaac Newton, or some such other learned man.

A philosopher may admire the mechanism and construction of the eye, as an optical apparatus, and contemplate with pleasure the image of a picture impinged on the retina; but let him be shown a section of the optic nerve, a white, opaque, soft cord, and be told it was susceptible and capable of carrying the description and appearance of all things in nature to the mind, he could not understand on what physical principle such an operation could take place.

Electricity cannot be made to pass through a wire until it is first generated; nor can the optic nerve discharge its functions, unless animated by the Spirit of Life.

I think this is now the proper place to inquire how the change in the blood in inflammation is produced.

I presume it is by the excited action of the organic nerves on the blood passing through the arterial capillaries.

I think I am correct in stating there is more oxygen in inflamed blood, than when no inflammation exists; that the nerves in the inflamed part over-stimulate the blood.

Here I should observe, that it is well known the blood of pregnant women presents the characteristic signs of inflammation. If my views are correct, the blood in the placenta is oxygenized for the fœtus by the action of the organic nerves, in what I have elsewhere called the placental lobule, on the same principle as inflammation.

Heat is one of the signs of inflammation. That it depends on excitation of the organic nervous system, I think can be incontrovertibly proved. When a person is attacked with intermittent fever, during the rigor, the respiration goes on, notwithstanding which the body, as well as the extremities, are deadly cold, even though it should be the hottest day in summer. When reaction sets in, no matter how cold the day may be, the surface of the body will become burning hot. In the former case the organic nervous system is almost overpowered; but in the latter, on recovery from the shock, it is inspired with new energy. If animal heat depends on the combustion of oxygen and carbon in the lungs, how are the phenomena above alluded to to be

explained? If animal heat depended on the combustion of carbon and oxygen in the lungs, how is the increased temperature in inflammation to be explained, where there is no air to procure the oxygen from, or carbon to combine with, it? Again I will affirm, the immaterial, intelligent, vital agent that has its abode in the organic nervous system explains the difficulty.

Having now introduced what may be deemed extraneous and irrelevant matter, I will proceed to the examination of what takes place after the chancre. The poison is carried by the lymphatics to one of the inguinal glands in the groin. The poison here acts on the organic nerves, producing all the effects of inflammation. The poison is again absorbed by the lymphatics and veins, gets into the circulation, and, in about two months, poisons the organic nerves of the tonsils. In two or three weeks afterwards, perhaps more, the patient will be attacked with symptoms of fever, and in a few days he will be seen covered over with blotches. If a medical man is not on his guard, he may pronounce the patient as having measles or small-pox! and only know the true nature of the case until the scaly, copper-colored spots meet his eye.

After the eruption has existed for some time, iritis is apt to seize on one of the eyes. The patient will be attacked with all the constitutional symptoms denoting inflammation, such as a rigor followed by heat of skin, dry tongue, loss of appetite, thirst, quick pulse, and He will complain that he has got cold in his eye; that he cannot look at the light without the tears flowing, and that it gives him pain to do so; he will request that something may be done for a severe pain in the temple, which terribly harasses him during the night. On looking into the eye, slight haziness of the cornea, a white ring round the cornea, as well as a dark-colored red zone immediately external to the former, gradually shaded off, will be ob-The pupil will present an angular appearance; the iris will be changed in color, and appear puckered from the deposition of tubercles of lymph, of a yellowish-brown color. As the case goes on, lymph will be copiously deposited, filling the anterior as well as posterior chambers; occlusion of the pupil takes place; the cornea being pressed on it, loses its brilliancy, and becomes opaque.

I have now endeavored to describe the constitutional symptoms and appearances of acute syphilitic iritis.

Again—a patient may have passed through the various stages of secondary syphilis, and go on apparently well for a year or much lon-

ger, when he will be tormented with severe pains at night in his collar, elbow, and shin bones; on examination, the periosteum will be found thickened. It may happen, too, at a later period, that he will direct attention to one of his testicles, when he will be found laboring under hydro-sarcocele. Here, also, iritis, generally of a chronic character, will present itself. The thickening of the periosteum, the enlargement of the testicle, with the effusion of serum, as well as the deposition of lymph in the iris, are attributable to the morbid action of the organic nerves in the periosteum, the testicle, and the iris.

To show that the syphilitic poison may be communicated by the semen secreted under the influence of the organic nerves of the testicle, whilst imbued with the syphilitic virus, to a woman during coition, by the poisoning of the organic nerves of the vagina and cervix uteri, I will briefly allude to two cases, where the semen actually communicated syphilis to sound and healthy young women. And here I will add, by way of parenthesis, they were not French ladies, and were as respectable as the cases reported by Professors Parker and Porter. In fact, they were persons on whom the slightest shadow of suspicion could not rest.

Mr. C. was under my care for syphilitica psoriasis guttata. I ordered him compound decoction of sarsaparilla with the bi-chloride of mercury. He got well, with the exception of two small condylomata near the verge of the anus. He now said he should get married in a few days. I told him I did not think it safe to do so, and advised him to consult some other person. Accordingly, he took the opinion of one of the ablest and best surgeons in the metropolis, who gave him a written note, stating there was no apprehension to be entertained about his entering into the marriage contract. It is to be noticed there was not the slightest appearance of a sore on the penis. In about nine weeks after the marriage, the lady, with whom I was well acquainted, applied to me with an ulcerated throat and the copper-colored scaly eruption. Knowing how matters stood, I made no allusion to the genital organs, fearing I might arouse suspicion.

Mr. I., a young man, applied to me, having ulcers on his legs and other parts of the body. He told me he was ten weeks married; that he had the "bad disorder" before he was married, but that "the doctor" said he was cured, and might get married.

I examined his virile organ, and found it all right. In consequence of stating his fear that his wife got the disease from him, I requested to see her, and found her with an ulcer in the throat, and the copper-

colored eruption. I inquired if she had any ulcers on the genitals, and on her replying she had not, I made no further examination.

Before speaking of the treatment of iritis, it is necessary to state, there are other forms of ulcers on the genitals, followed by secondary symptoms, including iritis.

Mr. Carmichael describes a superficial ulcer without induration, but with elevated edges. A similar ulcer, destitute not only of induration, but of elevated edges.

In the second class, Mr. Carmichael included the phagedenic and sloughing ulcers. He found that the papular eruption, with superficial ulceration of the throat and iritis, followed in one class; whilst phagedenic ulceration of the throat, pustular eruption, and rupia, followed in the other, as well as iritis.

It does not come within my province to enter into a discussion relative to the original views promulgated by Mr. Carmichael. I have therefore simply to observe that, during the years I was attending as a pupil, and acting as a dresser in the Richmond Surgical Hospital, Dublin, I had ample opportunities of witnessing the truths enunciated by Mr. Carmichael, in reference to syphilis, in his work published 1814.

With respect to the treatment of syphilitic iritis. In the event of the patient being a strong, plethoric countryman, I would have recourse to venesection, quick mercurialization, the application of belladonna to the upper and lower eyelids, and follow up the treatment with iodide of potassium and the compound decoction of sarsaparilla, and keeping the patient confined to a dark room.

It may be asked how the blood-letting acts? It is well known the abstraction of blood is attended with a quiescent state of the vascular system. The stimulus is withdrawn from the organic nervous system—hence the tranquillity which supervenes.

Here it is right to observe, venesection is only justifiable in any case of inflammation, of any organ, immediately after the rigor has taken place, announcing that an attack has been made on the whole organic nervous system—indicated by the pale countenance, the cold surface of the body, the gnashing of the teeth, the feeble pulse, and the extreme prostration.

When reaction is fully established, it is rendered manifest by the flushed countenance, the heat of the skin, the dry tongue, the thirst, the bounding pulse, the throbbing of the heart, the headache, and pain in some particular spot.

Under such circumstances, it will be perceived a violent struggle is going on between the organic nervous system and the blood. The erganic nervous system during the rigor was in a depressed condition; and on its recovery from the shock, becomes violently excited—over-heats the blood, which in its turn over-stimulates the organic nervous system.

The palse is the great index to inflammation. The phenomena concomitant on the former, when the latter exists, are now susceptible of lucid explanation on clear physiological principles. The blood stimulates the organic nerves in the internal coats of the arteries, causing the arterial tubes to contract firmly, which is moving with increased velocity and force. Hence the firm, and, at the same time, bounding pulse. Here, in fact, are two antagonizing forces: the artery pressing from without, the blood expanding from within.

Here the abstraction of blood restores the natural relations subsisting between the blood and the organic nervous system, and should be carried sufficiently far to indicate complete nervous tranquillity; and thus anticipate nature in the formation of a process to remove the offensive products from the system.

Under such circumstances, the old physicians grappled scientifically and vigorously with inflammation by copious bloodletting at the onset, and cut short the disease.

With what amazement would one of the old school contemplate a fashionable young physician of the present day, ordering Sherry wine or French brandy in such a case!!!

Here it may not be uninteresting to inquire, How do marsh miasmata produce intermittent fever?

How do the emanations from human effluvia induce typhus fever?

The answer is, the poison being an immaterial one, is incorporated with the atmosphere, is inspired, enters the blood with the oxygen, which is derived from the air; is again given off with the oxygen, by the capillary arteries, to the organic nerves. After a certain interval, the poisonous influence is fully brought to bear on the organic nerves, which is rendered apparent by the rigor and constitutional disturbance succeeding.

The same explanation is true of measles, scarlatina, and small-pox: in the latter, the papilla, the vesicle, and pustule are produced in the same manner as chancre—by the poisoning of the organic nerves of the skin.

Mr. Hunter considered inflammation a healthy process. The for-

mation of an abscess into which pus is secreted, shows the organic nervous system has overcome the shock, and has contrived a new organ for the purpose of secreting the pus from the blood—the pus contained in the cyst of an abscess may well be compared to the bile in the gall-bladder.

Here it will be observed, as soon as the organic nervous system has commenced the work of recuperation by the effusion of lymph, serum, or pus, that bloodletting should not be practiced—as it would interfere with the salutary process of nature. Here, too, it is that stimulants are required to prop up the exhaustion of the organic nervous system, which has been subjected, in the first instance, to a violent shock, next to over-stimulation, and lastly to weakness consequent on the latter, by the secretion of serum or pus.

I cannot avoid remarking, although it is not connected with the subject under discussion, that veratrum viride, aconite, belladonna, and tobacco arrest inflammation, by their sedative influence on the organic nervous system. I have not included opium, inasmuch as it appears to stimulate the organic nervous system, as is witnessed in the contraction of the pupil. Its operation is confined more to the animal nervous system, inducing sleep, and allaying pain.

When an old debauchee, who has been addicted all his life to habits of intemperance—who has often indulged at the shrine of impure venery—whose constitution has been saturated with mercury—who presents the characters of scrofula, or exhibits a tendency to phthisis—it would be adding fuel to the fire to give him mercury. I would therefore order him turpentine, as recommended by Mr. Hugh Carmichael, of Dublin, and apply belladonna round the eye. If the turpentine did not succeed, I would give him iodide of potassium with decoction of sarsaparilla, as recommended by Mr. Lawrence.

Professor Bennet states he has cured every form of iritis, including syphilitic, without mercury. I think the internal administration, joined with the external application of belladonna, after depletion by bloodletting, (if the patient should be vigorous,) and purgation by brisk cathartics, ought to cure iritis.

It is useless to apologize for the manner in which this paper is written. I will only add, had I more time at command, I could have done the subject more justice, and written it in a better style.

^{230 4}TH STREET, WASHINGTON SQUARE, November 25th, 1859.

NOTES.

- (1.) A small organic nerve passes from the superior cervical ganglion to the iris, so that it is true the iris receives no animal nerves.
- (2.) In a case of chance, or in a case where vaccination is practiced, the poison is applied to a particular part, so that the organic nerves of that particular part only are contaminated. In the case of small-pox, the poison accompanies the oxygen into the blood, which traverses the whole body, to give off the oxygen to the organic nerves; hence it follows as a sequence, that hundreds of pustules present themselves. In the one case, the organic nerves are locally, in the other they are generally, implicated. The poison in the former case is applied from without; in the latter from within.

This subject is most important, as well as attractive. The mode in which erysipelas, puerperal fever, yellow fever, and phthisis are propagated, can now be easily studied and understood. A distinct immaterial poison is the primary cause in each case.

REMARKS ON CHLOROFORM.

By JOHN O'REILLY, M.D., &c.

Very few accidents occur from the exhibition of chloroform in the United States, in comparison with England. Why this should be the case requires some explanation. I think, from what I witnessed on two or three occasions, the cause can be made manifest.

About three years ago I was called on to visit a patient, aged about forty, who was of very intemperate habits, and who was laboring under delirium tremens for the fourth time. Having failed to induce sleep by the usual treatment adopted at that period,* I determined to administer chloroform; the patient had not respired more than half a dozen times, when he suddenly shot out his upper and lower extremities, turned up his eyes, letting the lower jaw drop at the same moment. The persons present, as well as myself, were greatly alarmed, supposing he had breathed his last. Recollecting Professor Syme's advice, I hooked out the tongue with my finger, breathed gently into his mouth, dashed cold water into his face, slapped him smartly on the hands, cheeks, and legs, when symptoms of returning animation removed my anxiety.

In the next case, a man about fifty years old, of regular habits, sustained a compound fracture at the junction of the middle and lower third of the leg; the soft parts were greatly lacerated, and extensive

^{*} It is now well known that delirium tremens can be successfully treated without opium or stimulants.

sloughing over the sacrum was going forward. At this period (nearly a month after the accident) I was called on by the medical gentleman in attendance to perform amputation, which I did, at the place of election below the knee; just as the operation was finished the patient got deadly pale, and ceased to respire—these occurrences took place in a moment. The same treatment as detailed in the former case was resorted to with success, the patient never afterwards having a bad symptom.

In case of a child, two years and ten months old, who, according to the statement of his parents, was suffering from the symptoms of 'stone for nearly eighteen months, and in whose bladder, on sounding, I assured myself of the presence of a calculus, and on whom I performed the lateral operation for lithotomy, on the third of this month, for its removal. (Here, I might observe, the calculus crumbled under the blades of the forceps, necessitating the washing out of the bladder with a syringe.) Equal parts of chloroform and ether were mixed together, and administered in the usual way, by saturating a handkerchief with the fluid, and proceeding slowly and cautiously with the During this proceeding the child's face at first became red, and the jugular veins very much distended; it next happened in a moment that the child's face turned deadly pale, the lips became blanched, the body remained motionless, and respiration was suspended; I instantly directed the anæsthetic to be removed, and literally shook On the child recovering the anæsthetic was again the child to life. administered, and the operation proceeded with.

It is now evident, to use a common phrase, unless I was "wide awake," I would have lost the patient, and probably my own reputation. I am satisfied, when death takes place during the inhalation of chloroform or ether, that it must be attributed to more attention being paid to the operation, than to watching the countenance of the patient; and thus losing the opportunity of resuscitating the patient in case of emergency.

As I believe the symptoms produced by chloroform, when taken frequently, with a view of gratifying a morbid desire, on the same principle as opium or brandy is indulged in, are not known, I have to remark that I am acquainted with a gentleman about 35 years old, who was in the habit of consuming large quantities of chloroform, by inhalation, and that on one occasion I was sent for to visit him, when I was told by his father he had inhaled one and a half pints of chloroform the twenty-four hours previously, without inducing sleep, and

that he still insisted on inhaling it. He was precisely laboring under the same symptoms as a person afflicted with delirium tremens; he had spectral illusions, tremor of the muscles, apparently pleasurable hallucinations, at the same time that his countenance was pale, his skin soft and clammy, whilst his pulse was quick, small, and compressible; add to this very great prostration of muscular power, and a true picture of the patient will present itself.

The patient was removed from the room where he lay, the chloroform was inhibited, beef-tea and brandy punch were liberally supplied in the first instance, and nutritious regimen afterwards. The patient recovered, is now in good health, and thoroughly reformed as regards the evil propensity to which he was so strongly addicted.

The manner in which chloroform destroys life I have shown in another place, so that there is no necessity for doing so on the present occasion.

230 FOURTH STREET, 8th Dec., 1859.

16th Dec.—Having just corrected the proof-sheet, I wish to remark that the child operated on is now convalescent, and the wound nearly bealed.

SELECTIONS.

PREVENTIVE MEDICINE.

STATISTICS OF SMALL-POX AND VACCINATION IN THE UNITED KINGDOM—REGISTRA-TION OF BIRTHS, DEATHS, ETC., INDISPENSABLE FOR A BETTER SYSTEM OF VAC-CINATION IN IBELAND.

Read before the Meeting of the British Association, Aberdeen, September, 1859.

BY WILLIAM OORE, M.B., T.C.D., M.R.I.A.,
Physician to the Hospital for the Diseases of Children, Dublin, &c.

The question of public health is gradually attaining the importance it deserves; and, although the statistics daily put forward show a manifest improvement in sanitary measures at large, still, as yet, they go to prove more, how much remains to be done than what has actually been accomplished. Till within the past few years, suggestions, the result of carefully-collected statistics and analyses on questions of social reform, passed comparatively unheeded; but, by continued perseverance, the State has gradually recognized these inestimable labors, and we are now on the eve of a reform which bears no comparison with those of recent date, inasmuch as it tends to cenfer no privilege, luxury, or appanage, on any particular class or classes,

but to diffuse the blessings of life, health, happiness, and prosperity to all grades of the community.

With the various sources of information and observation within the reach of all, it must be self-evident what an excessive mortality is due and owing to measures entirely within the control of every member of society; to the profession to which I have the honor to belong, is generally attributed, more particularly, the sphere of preserving the health and prolonging the lives of their fellow-men; hence they naturally regard the aversion of evils, sanitary and social, mental and physical, which can be combated with science, their highest aim and most exalted attainment.

Although at the present season, and during the past year, we have been exempt from any violent epidemic visitation, still there is the insidious sapping evil which swells so fearfully in some districts our bills of mortality; 100,000 deaths are set down by the Registrar-General as preventable or removable, to be laid at the door of morbid products, which, if we were within reach of the hygienic goal, should have neither a place nor name.

These slow and insidious agencies are the more fatal in proportion to their latency. The appalling weekly or monthly returns of mortality during a prevailing epidemic may arouse public bodies and private individuals to increased temporary vigilance; but the steady weekly returns of deaths, though they may be habitually 20 per cent. in excess, attract no attention. Thus we find the waste of life from causes within our own control has not been duly appreciated; the "salus populi" should be the watchword of all civilized communities. for with it the philanthropy, intelligence, comforts, and enjoyments of life are inevitably interwoven. Assuming, with Dr. Barclay,* that diseases are the result equally of posons which are indirect in their action, as of those which we can specifically point out, medical science, in its double capacity of curative and preventive, has to treat with the poison itself, so far as its nature is known, and with the mode of its transmission, as well as with the individual on whom it operates. In its former capacity it seeks for an antidote to the poison, and for means to render its effect less injurious—to rid the system of it, and to repair the injuries it may have inflicted. ventive medicine, on the other hand, anticipates the origin of the

^{*}Dr. Barclay, "Preventive Medicine and Sanatory Measures." Cambridge, 1856.

mischief, by attacking the very sources from whence it is derived, and thus preventing its being either generated or transmitted, at the same time fortifying the physical powers; so that in the event of disease occurring, its mischievous influences may be exerted with comparative impunity. With this latter division of the subject, and its application to zymotic disease in particular, I mean to direct your attention on the present occasion; and, as one of the most distinctive of this class, I shall take small-pox, for the prevention of which we are possessed of an antidote truly termed "specific."

The population of England and Wales amounts to nearly 20,000,000. The calculation has been made, that if every person lived to 80 years of age, the annual death-rate in every 100,000 would be 1,250; the number actually dying are 2,266. Now, from Dr. Greenhow* and Mr. Simon's † valuable reports, we find that in some parts of England, at least 1,000,000 are living on such terms that their death-rate ranges from 1,500 to 1,700 annually. Assuming, therefore, that the difference between 1,250 per 100,000, and 1,700 per 100,000, the former the theoretical, the latter the actual rate, represents the effects of non-preventable causes tending to shorten life, we must conclude that all deaths above 1,700 in 100,000 are due to causes which may be looked upon as artificial and removable.

In the year 1857, looking at the matter in this light, there was an avoidable loss of \$1,856 lives, 420,019 persons having died in England and Wales; whereas, if the death-rate had stood uniformly at 1,700 per 100,000, the numbers would have been only 328,163. According to the Registrar-General's Report, December, 1858, the population of England and Wales in the middle of that year did not exceed 19,576,950, and at the rates of comparatively healthy districts (63) the deaths in the year should not have exceeded 349,398: the actual mortality amounted to 450,018, and the excess of 100,620 deaths is due chiefly to the fatal neglect of the sanitary arrangements which are required in every district, and are indispensable in cities. Of these 100,620 preventable deaths, about 69,730 happened in large town districts, and 30,890 in the rest of the kingdom. "This is a sad reckoning, but it is an under statement of the facts."

According to Dr. Greenhow's calculations, the following annual

^{*}On the sanitary state of the people of England, communicated to the General Board of Health by Dr. Edward Headlam Greenhow. London, 1858.

[†] Mr. Simon's prefatory report.

local deaths are wholly preventable under good sanitary arrangements, viz.:

Cholera, from -	-	-	0	to	403.
Diarrhœa and dysentery, f	rom	-	4	to	345.
Continued fever, from	-	-	21	to	209.
Small-pox, from -	-	-	0	to	146.

Amongst the annual deaths from diseases in some degree inevitable, but capable of diminution, and controllable by sanitary measures, are the following:

Common infectious disorders of childhoo	od, fr	om	694 to 2,149
Convulsive disorders of infancy, from	-	-	280 to 3,832
Pulmonary affections in infancy, from	-	-	213 to 2,897

That able officer of the Board of Health, Mr. Simon, says, with regard to these statistics: "It can no longer seem so difficult to make a very large beginning towards striking off the annual 100,000 deaths, against which the Registrar-General protests as deaths of an artificial production."

Alluding to preventable deaths from moral causes, we find 500 infants dying annually from congenital syphilis, traceable to intemperance and profligacy; as the above-mentioned distinguished reviewer adds: "It is difficult to determine whether, by their indirect co-operation, the schoolmaster and the minister of religion do more for the bodily health, or the sanitary improver more for the progress of education and the lessening of crime."

The mortality of children may be well termed appalling; between 90 and 100,000 dying annually from nervous affections and respiratory diseases alone. Again, the variations of the mortality are more striking at this time of life!

Infectious disorders, from		- .	-		694 to 2,149
Nervous disorders, from	-	-		-	280 to 3,832
Pulmonary diseases, from		-	-		213 to 2.897

Thus proving that local or personal arrangements within our control must influence, and be chargeable with, to a great extent, excessive mortalities, diseases "per se," not producing ten or twelve times as much havoc in one district as another, without the aid of local or social aggravations.

It is considerably more than half a century since that ever-to-beremembered benefactor of his race, Dr. Jenner, first proved to the world the preventive properties of vaccination; and yet the mode in which this discovery, the value of which it is impossible to estimate. is carried out at the present day in some parts of this enlightened country is easily seen, when we find the deaths in England and Wales. from small-pox, in nine years, from 1848 till 1856, killed 41,290 persons, or 4,587 every year. In Eaststonehouse, in 100,000 the deaths were 146; in Plymouth, 134; Penzance, 105. According to Dr. Farr,* during the year 1857 nearly 4,000 patients succombed to the disgusting and clearly preventable postilence known as variols, or small-pox, an alarming increase of 1,659 upon the deaths of the preceding year. The imperfections of the Vaccination Act, and the want of a more compulsory system, are defects to be remedied if this foul disease is not to gain ground. Speaking of the prevalence of epidemics, he says, that "small-pox was extremely prevalent, and fatal in several districts, in South Staffordshire, and in contiguous parts of Worcestershire; it caused 276 deaths in Wolverhampton; 69 in Walsall; 171 in West Bromwich; 251 in Dudley; in Liverpool and West Derby, 188; in Manchester and Salford, 113. In Cardiff, where there is efficient drainage, and the mortality from other epidemic diseases was light, 215 deaths were caused by small-pox."

The Registrar-General's returns for the three months ending March 31, 1858, showed that in certain districts in England the deaths from small-pox amounted to a fourth part of the entire district, and from the same returns, for the week ending the 20th of August last, I find 20 persons, including 14 unhappy children under five years of age, died in London, of small-pox; such a fact, occurring in the greatest centre of civilization, requires no comment. To continental countries, who borrowed this prophylactic from us, it must seem somewhat unaccountable that we continue to lose hundreds for their units from this pestilence.

According to the Register-General's report for the year ending December, 1858, the Registrars received 376,798 vaccination certificates, although they registered the births of 655,627 children. Persons vaccinated are not always children, and the children vaccinated are often born in previous years. But this consideration may probably be left out of account, and it may be hence inferred that the Registrars will not receive more than 376,798 certificates relative to the vaccination of these 655,627 children. A certain number of children die before

^{*} Causes of death in England in 1857, in Appendix to Blue Book of the Registrar-General.

they can be vaccinated. If these are represented by the deaths in the first three months, they will not exceed eight per cent., or about 52,400; there will remain 226,429 certificates unaccounted for. certain proportion of the children must, in spite of the law, have remained unvaccinated; and, in reference to another portion actually vaccinated, the medical practitioners must have neglected to forward the duplicate certificates to the registrars. In the year ending September 29, 1858, by the returns made to the Poor-Law Board, 455,004 were successfully vaccinated by public vaccinators alone. Dr. Whitehead,* writing of the prophylactic virtue of vaccination, states that of 1.435 children who had been successfully vaccinated, only 7, less than 1 per cent., had small-pox afterwards, and many of these had already attained the age of from six to thirteen years. One of these seven was, shortly after the attack, very superficially marked, but so slightly, that the spots will probably disappear; the other six were not marked at all. He goes on to state that the susceptibility to small-pox in those who have not been vaccinated, having escaped the disease in infancy, increases as life advances to the age of 20 or 30 years, and the deformity and delicacy of constitution thereby entailed are generally greater after infancy and childhood, whilst those who have been successfully vaccinated in infancy, enjoy, for a number of years at least, total immunity. Mr. Marson's statements are corroborated by the above, as also are those of Dr. Balfour, published some years since, who proves that amongst persons protected by vaccination, of all ages, soldiers, sailors, and boys in England, the deaths are only about 1 in 5,400 annually. Sailors are the least exposed to contact with unvaccinated persons, and the mortality among them, specially, was found to be only 1 in about 20,000.

Now, let us put down the deaths in England and Wales from small-pox annually at 4,000—a low estimate—and assuming that these cases had been all carefully vaccinated, and that say even 5 per cent. caught variola, 200 in all, and of these 200 that 5 per cent. died, viz., ten, by this calculation, which is giving a wide latitude for mortality, we could save 3,990 cases out of the 4,000 to this community. And thus we would be attaining the status of immunity from small-pox enjoyed by some of our continental neighbors, instance Denmark, where this disease has not shown itself for fifteen years continuously; and,

^{*} Third Report of Clinical Hospital, Manchester, 1859.

[†] Petition on the Vaccination Bill, 1856.

[‡] Med.-Chirur. Transac., vol. XXXV.

when it did reappear, its virus was so blunted as to excite comparatively little uncasiness.

From Dr. Seaton's notes* on the present small-pox mortality of Scotland, I find in the eight principal towns—Glasgow, Edinburgh, Dundee, Aberdeen, Paisley, Greenock, Leith, and Perth—the total mortality from small-pox in 1856 was 645, and of epidemic diseases this was the fifth in the order of prevalence. The total mortality from all causes being 22,248; the deaths from small-pox constituted 2.8 per cent., which is double the average of London for the last ten years, or of England and Wales for the last seven, and fourteen-fold the average of Bohemia or Lombardy.

The Registrar-General of Scotland, speaking of the mortality from small-pox in Dundee, containing 80,027 inhabitants, observes: "The deaths from this single disease constituted not less than 30 per cent. of the total mortality—a mortality which has been exceeded by no single disease during the last ten years, with the exception of epidemic typhus, in the month of November, 1847, when the deaths therefrom numbered 108, and the fatal cholera epidemic of 1849, when the deaths from that disease during the months of July, August, and September numbered respectively 209, 420, and 159. But, taking the mortality of this town from small-pox for the entire year, it was proportionally more than three times greater than the highest mortality which has taken place in London for the last ten years, viz., that in 1848, when the deaths amounted to 1,617, which is above double the average annual mortality of the metropolis; but, had the deaths taken place in the same proportion to population as in Dundee in 1856, they would have amounted to upwards of 5,000."

Speaking of the protective properties of vaccination, the Registrar of Bonhill, in Dumbarton, observes: "Since the Registration Act came into operation, in every case of small-pox that proved fatal the party invariably had not been vaccinated." And the Registrar of Kirkmichael, in Ayr, says: "In the village of Kirkmichael, with a population of about 600, there have been upwards of 100 cases of small-pox, and it is worthy of remark that no child under five years of age who had been vaccinated was affected." This valuable report goes on to say: "Bearing in mind that in no country in Europe which furnished returns to the Epidemiological Society is the average

^{*}Papers relating to the History and Practice of Vaccination, presented to both Houses of Parliament, by command of her Majesty, 1857.

mortality from small-pox so high as in London, or in England and Wales generally, in either of which it constitutes about 13 per cent. of the mortality from all causes; bearing in mind that the proportional mortality in London has never, during the last ten years, attained 3 per cent., we read, with amazement and regret, that in Aberdeen, in July, 1856, small-pox caused 10 per cent., in Edinburgh 51 per cent., and in Paisley 5 per cent. of the total mortality. The deaths in Paisley, in October, constituted 7 per cent.; in December, 11 per cent.; in January, 1857, 8.9 per cent.; and in February, upwards of 13 per cent. of the total mortality; while in Leith the deaths in January and February were no fewer than 28.3. From the most recent return of the Registrar-General for Scotland,* I find: "In a few localities small-pox assumed an epidemic form, which had been fatal in many cases; but in one case only in which the deceased child had been ascertained to be vaccinated.

Vaccination in Ireland must necessarily be imperfectly carried out in the absence of a measure for the registration of births, deaths, and marriages. This long-desired boon has been frequently promised, but as yet remains unaccomplished. The importance of this measure has been urged by the Registrar-General of England in the strongest manner, from time to time, and a bill for carrying it into effect was introduced by the late Chief Secretary and Attorney-General for Ireland, (Lord Naas and Mr. Whiteside,) but was lost, owing to the political crisis; however, from the deep interest which our present Viceroy, the Earl of Carlisle, has always evinced for the sanitary and social improvement of these kingdoms in general, and Ireland in particular, coupled with the fact that such a measure is about to be again brought before Parliament by Lord Naas, early next session, I think we need have little fear of the result. In the conclusion of a report presented to the Dublin Statistical Society, † on the registration of births, deaths, and marriages, I find the following: "We cannot conclude without adding that births, deaths, and marriages are now registered not only in England and Scotland, but, with the single exception of Ireland, in all the civilized States of Europe, whether Roman Catholic or Protestant; and we beg finally to report.

^{*} Quarterly return of the Registrar-General for Scotland, August, 1859.

[†] Report of a Committee on the Registration of Births, Deaths, and Marriages in Ireland, presented to the Dublin Statistical Society, 1858. Signed, Francis Codd, Chairman; J. Moncrieff Wilson, Secretary.

that we consider the subject to be one of extreme importance, and that a uniform registration of marriages, births, and deaths is required as an essential condition for many sanitary reforms affecting the welfare of the population, and as an additional protection to the moral and material interests of society." Our sister kingdoms are alive to the blessings entailed by well-tabulated bills of births and deaths, and they will, no doubt, be ready to lend their aid for the furtherance of so good a cause to Ireland. Census returns are a great base, but in an immediate sanitary view are comparatively valueless. We find the weekly returns of mortality of the Registrar-General, even during epidemics, barely sufficient to arouse public bodies or private individuals to carry out due sanitary precautions; but where national statistics are furnished only every tenth year, such a country may be truly said "only to progress by decades."

The following are the returns* of vaccination performed by the dispensary medical officers in Ireland annually for the last six years, ended September 30th, 1858:

1	1853,	number of cases	s vaccinated,	43,332
	1853, 1854,	"	**	52,844
Year ended	1855,	"	44	46,711
30th Sept.	1856.	er .	"	84,131
30th Sept.	1857.	66	44	47,855
	1858,	16	**	54,984

The number of dispensary vaccinations for 1858, though exceeding that of the preceding year by 7,000, is still very far below what it ought to be. In the medical charities report for 1857 we have given reasons for believing that the complete vaccination of the children born within the year, the condition of whose parents is such as fairly to entitle them to apply for gratuitous vaccination, would demand about 140,000 vaccinations annually, not very much under three times the number vaccinated last year.

A small increase appears for 1858 in the number of cases of small-pox returned: 565 for this year against 498 for 1857; but, as the figures in the table for the last quarter of 1858 are, in some measure, founded on estimates, the medical officers' returns for this quarter not being yet complete, these statistics are not in every respect reliable.

The last annual report tof that valuable establishment, the Cow-

^{*} Seventh annual report of the Commissioners of Irish Poor Law Medical Charities, Ireland, 1859, page 11.

[†] Annual Report of Cow-pock Institution, 45 Upper Sackville Street, Dublin, year ending 31st March, 1859.

pock Institution, Dublin, shows that during the year ending 81st March, 1859, there have been 3,194 cases vaccinated at this institu-These numbers may be seen by a comparison to exceed those of the previous year by 1,248. This increase is attributed to greater facilities for vaccination afforded to the inhabitants of the south side of the city, from the establishment of an auxiliary branch in York Street. The directors go on to state that they believe they are correct in stating that Ireland is the only country in Europe in which the people are left entirely to themselves, as to vaccination, and are permitted either to neglect or subject their children to the process, as they please. The directors are of opinion that until an act can be introduced into Ireland similar to that in England and Scotland, there cannot be carried out any efficient system of punishing, by fine or penalty, those parents or guardians who have neglected to have their children properly vaccinated at an early period; and in the absence of the power of inflicting some penalty, they fear that rules and regulations will have but partial effect. In anticipation of a compulsory vaccination act, the directors go on to recommend "that the government would use their influence with the Commissioners of the National Education Board, that they should require the parents and guardians of all children obtaining the advantages of the national education to produce a certificate, stating that such children have been duly vaccinated; a regulation which, even on sanitary grounds, and for the good of those attending the schools, seems necessary."

The number of fatal cases of small-pox in Ireland during the ten years from 1841 to 1851, according to the last census, amounted to 38,275. Now, allowing an annual loss of 3,750 for each year, we find the mortality from small-pox in Ireland, with reference to England and Wales, (with three times the population, and registering 4,500 deaths from small-pox annually,) to be double that of London, nearly three times that of the rest of England, and ten or fifteen times greater than that of many continental countries.

The act of August 2d, 1858,* "To make further provision for the practice of vaccination in Ireland," subdivides the dispensary districts into vaccination districts, and gives 20s. remuneration to the medical officer for every 20 cases. Now, from personal experience of the working of vaccination, the extent of dispensary districts, and the apathy,

^{*}CAP. XLIV. "An act to make further provision for the practice of vaccination in Ireland." 2d August, 1858.

or, I may add, the repugnance, in many instances, of the recipients to avail themselves of this boon, I fear this amended act cannot work satisfactorily; besides, the remuneration to the medical officer is inadequate to stimulate him to any special zeal, cumbered as he is with the onerous duties of a dispensary district. No doubt the measure is an expedient one, all things considered, but till we obtain a base of operation in the shape of a registration of births, deaths, &c., bill, we must be said to be legislating from the wrong direction—in short, building a superstructure without a foundation. As regards the mode of obtaining vaccination returns by capital remuneration for individual cases, I need not enter on the subject on the present occasion; suffice to say, that many and grave objections can be urged against such a system.

Whether as yet we are ripe for a compulsory vaccination act, or whether it is not deemed sufficiently criminal on our part to throw overboard the preventive and sanitary means at our disposal, I must leave for others to determine; but, in the mean time, till some such happy consummations are attained, let us set about putting our house in order.

By the Amended Vaccination Act, (England,) 14th June 1858, "The Registrar-General shall transmit from time to time to the registrar of births, deaths, &c., in every district, such books and forms as may be requisite for the medical officers appointed as in said act mentioned, and other duly qualified medical practitioners in such districts."

Now, let us apply this to Ireland. First, let an act be passed for the registration of births, deaths, and marriages. Secondly, on this, as a base of operation, found vaccination; dissever it "in toto" from the poor-law system. Vaccination is an institution of far too great importance to be tacked to the tail of any establishment, least of all to one already too cumbrous. There can be no insuperable difficulties in carrying out the details of this measure. Let the kingdom be divided into vaccination districts, over which the most active surveillance and inspection should be kept by men of the highest professional acquirements, and, ere long, I have no doubt this pestilence would be reckoned among the "things that were," and we would attain a status of immunity second to no civilized State in Europe. Such we might regard as an outline of the official view of the question, which, in the absence of a compulsory act, could be negatively and socially backed up, so to speak, not only by the authorities, but by every individual

member of society. Thus, let all candidates for public appointments, to the very lowest grade, produce proof of having been duly vaccinated, as a sine qua non for their candidature; let all large employers and private individuals make such by-laws in their several establishments, so that vaccination must be indispensable for entering on apprenticeships and services of various kinds; and thus, with every facility afforded, in an independent manner, by the State, I should not fear that this temporal would become as familiar, and duly enforced, as that of baptism, or other spiritual injunctions.

I have now thus briefly and imperfectly glanced down one of the innumerable vistas with which the field of sanitary science abounds. On a previous occasion the question of excessive mortality in early life* came, and continues to come, so forcibly under my notice, that I was induced to consider some sources of mitigation for it; and I am happy to see that additional attention has been, and is about to be, further called to this all-important subject. Despite of all the compensating powers of mechanical science and art, I doubt if, at any era, the physical force of this country was ever at a higher premium than at the present moment; consequently it behooves us, individually and collectlvely, to foster and husband it, as far as in us lies. Now, taking 90,000 as the mortality from small-pox in England, Ireland, and Scotland, every ten years, (a low estimate,) think what an army of men. women, and children, exclusive of the natural progenic increase, might be preserved to these realms every decade, through the preventive medium alone of a duly-carried out system of vaccination. conclusion, viewing a bill for the registration of births, deaths, and marriages in a sanitary light, which is more particularly my province. I must express an earnest hope, that all public bodies and influential mediciduals will lend their aid for the extension of this measure to Irehaml, the value of which, whether regarded in a mental, physical. secial, or sanitary light, it is impossible to over-estimate. It far exweeds in importance measures which are daily receiving the attention of the executive, inasmuch as it is the base of prosperity to the State: as a source of happiness it has no equal, entailing as it does increased health, long life, and consequent contentment to all classes of society. That such desirable consummations will be reallized for this country. and that at no very distant day, I venture confidently to anticipate.

^{*}Infantile mortality and the establishment of hospitals for sick children. Dublin, 1859.

Colonel Sykes, M.P., president of the section, spoke of the value of statistics as shown by the above paper, referring more particularly to the melancholy mortality from small-pox in the towns of Dundee and Aberdeen.

The Right Honorable Joseph Napier dilated at some length on the importance of extending registration and a better system of vaccination to Ireland.

Mr. Tite, M.P., had given the subject of vaccination considerable attention, when it was brought before the House of Commons: he considered the suasive and moral system more conducive to the extension of vaccination than compulsory legislation.

Dr. Strang believed that in Glasgow there was a steady increase of vaccination and consequent diminution of small-pox, irrespective of legislation. After some further discussion, a cordial vote of thanks was tendered to Dr. Moore for his valuable communication.

ST. LUKE'S HOSPITAL

There has recently been added to the corps of medical institutions of New York City, one which has already gained an eminent position, not only from its usefulness, but especially from the peculiar interest which attaches to it as a novel experiment in this country. I refer to St. Luke's Hospital. In this institution, religion holds a prominent and essential position, and its ministrations combine with those of medical science, for the relief of diseased humanity.

"Corpus sanare, animam salvare."

Such is its motto, and such the spirit upon which it is conducted.

The hospital was founded, and is supported by the Protestant Episcopalians of New York. The project was conceived and carried out by the Rev. Dr. Muhlenberg, the venerable pastor of the "Church of the Holy Communion," to whose devoted zeal, as its religious and business head, its success and continued usefulness are mainly due.

The great distinguishing feature, however, of this institution is the fact, that the wards and their inmates are under the immediate charge of a Christian sisterhood of ladies—intelligent, refined, and educated women, who have given their lives to this noble charity, and to whose untiring and enlightened efforts at the bedside of the sick and dying, the peculiar beauty and elevated character of this institution are to be ascribed.

Much might be said of the blessings which accrue to the patient from the constant presence of Christian example, and the timely ministration of religious exhortation; but such is not the object of the present article. It is simply of its qualities in a medical point of view that I am now to speak.

The hospital is situated upon 5th Avenue, 54th and 55th Streets. It stands back from the street, between which and its imposing front stretches a broad lawn. The edifice is of brick, with brown-stone trimmings, and is built after the Norman style of architecture. At the central portion, and flanking the entrance on either side, rise two lofty square towers, inclosing between them the chapel, surmounted by a stone cross; while on the right and left again stand the hospital wings, three stories in height, the whole presenting a front of 280 feet.

The internal arrangement is very simple, and, at the same time, most admirably adapted to the purposes for which it was intended. Ventilation is most perfect, there being but a single range of wards between the external walls, and these bounded again by broad and airy corridors; while, to avoid the slightest possibility of contamination, a large revolving fan is connected with a steam-engine in an adjoining building, and so placed as to drive a current of fresh air directly through a large flue into the hospital, thus changing in a few moments the entire atmosphere of the house. The wards are 100 feet in length, by 30 feet in breadth; and along either side are ranged the whitecurtained beds, each furnished with a table and a small carpet, the whole presenting the most unsullied cleanliness and order. terminate in the central chapel; and here every night such of the patients as are able assemble at evening prayer, while the acoustic properties of the building are such as to render the voice of the speaker audible to the farthest extremity of the wings. There are also smaller wards, containing but two or three beds each, for such cases as may. for any reason, demand seclusion.

On the third floor is a light and convenient operating-room; and in the basement a well-stocked drug store, with a full complement of surgical instruments and appliances. The building will accommodate two hundred patients.

The medical charge of the hospital is committed to a board consisting of four consulting and four attending physicians, four consulting and four attending surgeons, a pathological chemist, an admitting physician, and a resident. One physician and one surgeon are in constant daily attendance. Each ward is under the direct superintendence

of a "Sister," who sees that each prescription is administered, and each order carried out as directed by those in attendance, while the menial offices are performed by nurses, male or female as the case may be, under her supervision.

None can appreciate so well as medical men the immense advantages arising out of such a system. The perfect accuracy and reliability which are the result, cannot fail to render the treatment of medical or surgical disease in the highest degree satisfactory to the practitioner, and beneficial to the patient; while the good accruing to science, from observations made under such circumstances, can hardly be overrated.

The economy of the hospital is so arranged as to be adapted to the wants, not alone of the destitute and those of moderate means, but, so far as may be, of every class in society. A bed in one of the general wards may be had for a few dollars per week by those who are able to pay; while those who are too poor for this are gladly accommodated gratuitously. But this is not all. There are private rooms, pleasantly and comfortably furnished, with bath and other conveniences attached. for the accommodation of strangers taken sick in the city, and others who desire the comfort and security of hospital treatment, and yet wish to enjoy the luxury and attention to which their circumstances entitle them. In fact, throughout the entire arrangement and conduct of the hospital, the grand idea is to make it a home for those who enter its doors—that every patient may feel that he is surrounded by friends, and that from the moment he sets foot within the walls of St. Luke's he is no longer a stranger, but a member of a family, watched over, not by hirelings, but by those whose greatest pleasure is to relieve his sufferings, and to restore him to health their highest satisfaction.

A moment's reflection will show how great a boon is such an asylum to a city like New York, where every year hundreds of poor, but respectable, artisans, of both sexes, suffer and die for the want of decent care when sick; a class of the community whose labor brings them just enough to support them in health, but who, when that fails, are unable to purchase good attendance, and who yet shrink, with an ill-defined but natural dread, from the associations with which the wards of a pauperhospital will inevitably surround them. Although, as I have said, freely open to all, it is more especially to this class that St. Luke's would stretch forth a sympathizing and a helping hand.

Founded and sustained by Episcopalians, St. Luke's Hospital is yet not in the slightest degree a sectarian institution. Every denomination

is alike welcome, and the same liberal Christian spirit prompts the treatment of every patient under its roof.

As yet the wards are not thrown open to students of the profession; but from what has been said, it will readily be seen how superior would be its advantages for clinical instruction, should it at any time be thought advisable thus to extend its sphere of usefulness.—N. Y. Monthly Review, &c.

QUARANTINE

We clip the following from the Richmond County Gazette, published on Staten Island. It contains more good sense than we could expect from that quarter, bating the ridiculous puff of the present Health Officer, by ascribing to him the improvement and reform in the rigor of Quarantine, and in the extortions of the department. That officer has no merit in the case, but the strictures of the medical journals, echoed by the public press, have at length begun the work of reform, by mitigating the abominable and barbarous features of the existing laws, so that their enforcement will no longer be tolerated. Much greater credit is due to the "Sepoys" than to the Health Officer, and the reform must go on.]

Have the merchants of South Street, and the shipmasters who are daily arriving in the port of New York, and expressing their surprise to find the rigors of Quarantine so wonderfully and agreeably mitigated, ever inquired into the causes of this great abatement of the harsh. severe, and exacting measures that lately ruled and fleeced at Quarantine? Do they think that the outside world has suddenly become so healthy that the precautionary measures of former years have, therefore, been abandoned as unnecessary? We have no reason to believe that this is the case. Ships continue to arrive in about their usual numbers; but the fumigators have gone. Even the iron scow has departed from the scene of her former labors; and yet we do not hear that New York has been decimated by any of the fearful pestilences that quarantine reports formerly told us these sanitary agents so successfully protected her from. The quarantine laws have not been altered; but a sensible and honest Health Officer, content with the legitimate fees of his office, has, by a liberal interpretation of the powers given him, released the fetters of commerce on the one hand, while on the other he has neglected or overlooked no wise sanitary precaution. The merchants should, through the Chamber of Commerce, now move for a radical alteration of the quarantine laws, based upon the present practice, which experience has proved to be a wise one. Now is the time for action. Before a new Health Officer, of the Thompsonian school, comes into power, let the laws be so altered as to deprive him of the capacity for mischief. There should be no quarantine of persons. Actual quarantine of vessels should be restricted to those arriving from infected ports where yellow fever prevails, and confined to the months from the 1st of April to the 15th of October. this, there is no danger from yellow fever in this latitude. be rendered obligatory, under heavy penalties, upon the captains of passenger ships having sickness on board, to lay-to for the visit of the Health Officer, for the purpose of having their sick transferred to the floating hospital. All other vessels should be allowed to go to the city without the formality of being boarded. The General Government should erect storehouses for infected cargoes on Sandy Hook. A law of Quarantine on this basis would comprise all that is necessary for the protection of the city and its surroundings, and would so far simplify the present system as to lighten the burden, so that it would leave nothing to complain of.

[From the N. O. Med. and Surg. Journal.]

Brief Exposition of Botanical Medicine.

By JACOB BIGELOW, M.D.

It is not intended to enter upon the details of this book, which is a reproduction from Dr. Bigelow's volume, "Nature in Disease." In animadverting upon the fundamental principle of this book, no disrespect is intended to the author, whose scholarship and chaste style entitle his works to a place among the medical classics.

The unparalleled progress of the present time in certain branches of histology, chemistry, pharmacy, physiology, pathology and practical medicine, surgery and obstetrics, has been accompanied with an extraordinary revolution. Systematic Medicine is no more. The comparatively recent nosologies of Cullen and Brown, of Good and others, are no longer the *incubi* of the medical mind. General theories of therapeutics are distrusted or repudiated. Rush's "Defence of Blood-letting" to the extent proposed by him has no defenders. Bouillaud's spoliative, syncopal venesections, coup sur coup, which he

calls formule, la nouvelle, and which he puts as the antithesis of the ancienne méthode, has received its coup de grâce, as well as Broussaisism and Cookism. On the other hand, extreme skepticism in therapeutic agents, and a supreme devotion to, and belief in, the healing powers of Nature, have followed. Skepticism continues. It increases. If extremes meet, here is an example: too much and too little faith.

From this existing skepticism, as a point of departure, both experimentalism and rationalism proceed to renewed investigations, and to retest facts and opinions heretofore doubtful, or too confidently believed upon insufficient evidence—an example of which may be found in the late and almost exclusive reference of diseases to a local origin with solids as their primary source, to the exclusion of the fluids and the general system. Previous achievements stimulated hope and afforded encouragement for the future, as one improvement or discovery leads to others.

On the whole, medicine has been and is progressing, (for even its skepticism on certain points is only an armistice preparatory to the better understanding of boundaries and principles.) Nevertheless, amid this progress in knowledge and these salutary reforms, legitimate Medicine has been and is still menaced by the most formidable charlatanries ever known even in the Dark Ages. Among these, formidable for numbers, may be enumerated homeopathists, hydropathists, Thomsonians, eclectics, physio-medicalists, Mesmerists, spiritual knockers, and clairvoyant doctors, and other sects.

Among these charlatans are some renegades from the regular profession, who have probably obtained a larger clientship, if not an increase of medical skill, by the change. But, as sometimes happens. "a man's enemies are those of his own household," so it has been in the medical profession, a few of its learned and influential members having taken it upon themselves to propagate the doctrine that "all medication, at least all active medication, must be abandoned." These philosophers, whose publications have only of late attracted any marked attention, have not promoted, but have followed, yet in an aberrant manner, the revolution that has been going on adverse to ultra-antiphlogisticism, for a quarter of a century. The reaction against Broussaisism, against syncopal venesection, against drachm and ounce doses of calomel, against excessive catharticism, and against polypharmacy in general, was the natural reactionary result growing out of experience and the progress of the medical sciences. which the skeptics, who labor to establish a fundamental antithesis between Nature and Art, have neither hastened nor retarded. Gaubius (to go no further back) has said all that the present writers can justly say in favor of the healing power of Nature in disease. In his work, Institutiones Pathologia Medicinalis, (anno 1758,) he devotes a considerable space to "The Medicative Powers of Nature," concluding with the following question: "Is it, then, a matter of greater consequence whether, according to Hippocrates, Nature is called the curer of diseases, or, according to others, the soul or archaus, when they who perceive differently concerning these things, do, however, restore mankind to the same state of health, and can even agree in the method of cure?"—(§ 649.) His work abounds with extreme eulogy of the healing powers of Nature, but not with denunciations against medication.

The late M. Chomel says, "The Institutes of Pathology by Gaubius is certainly one of the most remarkable works; we discover in many portions ingenious thoughts, profound reflections and luminous comparisons, which justify the favorable reception accorded to the work, and its well-deserved reputation at the present day. He was the first to give the name General Pathology."

The gratuitous assumption of superiority has ever characterized charlatanry—the newest, most original, and most extraordinary form of which is that now advocated by several distinguished writers and their followers of the regular profession, namely, that active medication is not only useless, but injurious. The question which they have raised is not, whether unskillful medication, but whether all active medication—not whether active medication in health, but in disease -be not hurtful. The affirmative, yet unproven, answer which they give, is based upon two questionable sources of ex parte evidence, namely, their superior, not proven, sagacity in interpreting the powers of Nature, and on the undeniable healing powers of Nature in certain cases, which they erroneously generalize and array as antitheses of Art: as if medication, however active, when skillfully directed, must be opposed to Nature, instead of being, what it really is, auxiliary to her healing, and opposed only to her destructive tendencies. has even to an optimist very often a dark as well as a bright sideabnormity as well as regularity—destructive as well as healing pow-Those who look solely to the latter and ignore the former, may "be wise in their own conceit," but not wise in the art of healing any more than those who, refusing to recognize the healing power of Nature, propose to expel her vi et armis from the sick-room altogether.

Inactive medication being no medication, but a flat contradiction both in the abstract and concrete, it follows that, if all active medication must be abandoned, all medication whatsoever must be abandoned, and that all medication is per se evil, and evil only. If active medication be good in a single case, the whole theory falls to the ground; unless, in the first place, this case shall be proven sui generis; and, in the second, unless skillful medication in all cases whatsoever shall be proven to be injurious and in conflict with Nature. The question is, therefore, whether skillful medication is injurious; that is to say, all medication, however skillful. No one has doubted that bad and injurious medication is bad and injurious. Nor has any one doubted that excessive medication is dangerous, as well as excessive diet, or brandy. If it be admitted that there are medical agents which mitigate or remove certain morbid conditions or symptoms dangerous to life, the doses or quantities of these agents may, with some exceptions, be increased until the end for which they are given is attained, without being amenable to the charge of excessive medication. that desiderated finality is excessive; all short of its criminal omission, indirect homicide. Thus, an acute enteralgia, colic, spasm, congestive, intermittent, etc., occasionally only curable by enormous doses of opiates, quinia, etc., including sometimes alcoholic stimulants, would often proceed unrestrained under minute or even the ordinary doses. Excess is a relative, and not a definite, known proportion in Those who denounce active medication carry their fanatic charlatanry beyond that of homeopathy. The latter maintain that the activity of a medicinal agent increases with its infinitesimal division, dilution, or attenuation. The former reject the large, and, homeopathically speaking, the infinitely small alike. (credulous souls!) upon the medical statistics of homeopathists to prove that the regular faculty are in the wrong path. They ought to adopt the homeopathic practice, if they adopt any as being less active than any other having no action whatever. They reject this system, but accept the statistics of the homeopathists. Homeopathists need not concern themselves with arguments or ridicule against their theory, provided their claims to superiority in practice be conceded. He is the best doctor, all the world agree in affirming, who cures the patient. B. Dowler.

THE DENTAL COSMOS.

This is the title of a new Dental Journal, issued at Philadelphia, by Jones & White. It is edited by Drs. White, McQuillen, and Zeigler, and appears monthly. It is very ably conducted, and deserves the patronage of the profession. The medical status of the editors may be inferred from the following extract from the last number:

The Decline and Evils of Homocopathy.—Scientific physicians have always maintained that the dogma "similia similibus curantur," and the doctrines of Hahnemann, were neither founded upon fact nor in accordance with philosophy, but, on the contrary, were in direct antagonism to both truth and common sense; and experience has amply demonstrated the correctness of these premises. Reason and observation have thus shown that homocopathy is not only false in theory, but, moreover, negative in practice, and, indirectly, positively injurious. The progress of knowledge has made these facts so apparent as to force many of its former supporters to discard it altogether, and to oblige those less reasonable to confine its applicability to very narrow limits, and compel those less honest to a surreptitious resort to scientific medicine in order to maintain its failing status.

The practical inefficiency and injurious tendencies of homeopathy in its various phases, have now, however, become so palpable as to compel its strongest adherents to notice them. Thus, in the August number of the American Homoopathic Review, the leading homeopath of Philadelphia, and one of the most noted of the sect in this country, Dr. Constantine Herring, voluntarily acknowledges to the "rapid going down which has become apparent of late years," and moreover, confesses to the evils entailed upon humanity by its adherents, and this, too, notwithstanding their reputed increase in numbers and the expansion of their so-called materia medica. With regard to the results of their treatment, he says: "We take as granted and admitted by the majority of the leading men, as a uniform observation made in Germany, as well as in France and in England, and here long ago, that in general the success of homeopathists in our days is inferior to that of the earlier homeopathic practitioners." He also states that "the introduction of Drs. Drysdale and Atkin" to the British Homæopathic Repertory "contains the remarkable concession: our success is inferior to that of the earlier homeopathic practitioners; it must be admitted, that our practical gain has not been equal to the extension of the materia medica;" and adds, in commendation of this confession, that "such a candid, upright, and noble acknowledgment deserves the greatest praise." In relation to the evil effects of homœopathy, he says: "We all know that the numbers in our homœopathic ranks are not lessening, but it is the general observation, that the number is, year after year, increasing, who, instead of deriving benefit from homœopathy, are made incurable by so-called homœopathic practitioners."

WILL YIELD THE VENERABLE.

"The editor of the [Nashville] Journal, however, magnanimously offers to withdraw in our favor, should we claim the advantage over him in point of age. We have no more disposition to press that point than the other; and, if we had, the 'leading articles' in his September number—not to name any others—by their solidity, gravity, force of reasoning, and impassioned nature, give such strong 'internal evidence' of the maturity of age and experience, as to preclude the possibility of our doing so with any hope of success."—Med. & Surg. Rep.

[This is about as cool as the bones of Sir John Franklin. But we like this impudence. The editor of the Reporter, in our September number, was convicted of a very shabby and contemptible trick, and he would, upon the principle of the gyrating terrapin, with a coal of fire on his back, mitigate his agony by affecting vivacity. His attempt to be waggish is as ludicrous as the attempt of a monkey at dignity. In the language of a Western wit, there is no more wag in him than there is in a dog with his tail cut off.—Ed. Med. & Sur. Jour.]

SPIRITUALISM.

A very affecting ceremony has lately been enacted in this city: an earthly father has recognized a "spiritual child," born of his affectionate and loving wife, after he had been two years absent in California. Before they pronounce on the possibility of the case, professional men will do well to recall some of the physiological peculiarities of the insect tribes. Such is the refinement of their organism, and the tenacity of Nature in carrying on her grand rôle, that the female aphis, even if kept strictly imprisoned, bears several consecutive sets of young after the death of the only male allowed to cohabit with her. Whatever little discrepancies of time, difference of paternal features, or likeness to some eloquent and zealous spiritual brother, may be noticed by the censorious, may fairly be attributed in those ladies who confer with the spirits, to the superior delicacy and impressionability of their ner-

vous organizations; we have treated largely on this subject in the articles on the influence of the imagination in the unborn child, in former numbers. We would suggest to our Legislature the great propriety of extending the legally recognized period of gestation, in its bearing on legitimacy, for the benefit of those refined spiritualist ladies whose husbands are absent for years in California or elsewhere; it is nothing more than the startling discoveries in morals and psychologics demand in this age of progress. Judge Edmonds and Dr. Gray should see to it at once; they are understood to be the high-priests of the spiritual altar; their gallantry and the reputation of the sisterhood demand immediate action.—Scalpel.

Anæsthetic Agents and Silver Suture.

PROF. SYME'S OPINION.—From a letter from Prof. Fenner, of New Orleans, dated Melrose, Scotland, published in the Medical and Surgical Reporter, of Philadelphia, we take the following: "I went to the Royal Infirmary to see the great surgeon, Mr. Syme, and the great obstetrician, it being their clinical and operating day. A child, with simple hair-lip, was brought in to Mr. Syme. There were present some seventy-five or eighty spectators, nearly all medical students. Mr. Syme explained the nature of the case, what was necessary to be done, and the different methods of operating that were formerly pur-He then took occasion to say, that he was indebted to an American surgeon, Dr. Sims, for an improvement which had led to the perfection of this operation, as well as another, which in former days almost completely baffled the skill of the surgeon, but now seldom He alluded to the operation for vesico-vaginal fisfailed of success. tula. The improvement was the introduction of the silver suture. He said that another American surgeon, Dr. Bozeman, was over here last year, and claimed to have made a great improvement on Dr. Sims' operation, and was certainly very successful; but he (Syme) could not see that there was any improvement on Dr. Sims. He said the whole merit consisted in the introduction of the silver suture, and it was in vain to attempt to deprive Dr. Sims of this honor. that another had attempted to show that there was nothing novel in the silver suture; but this proceeded from that captious and envious spirit, unfortunately too often displayed in the introduction of every great improvement. He went on to say that Europe was indebted to America for two of the greatest improvements in modern surgery -anæsthetic agents and the silver suture.

FOOT OPERATIONS OF SYME AND PIROGOFF.

PHILADELPHIA, October 21st, 1859.

Gustav C. E. Weber, M.D., Professor of Surgery, Ed. Cleveland Medical Gazette, etc.:

My Dear Sir—I have read with great interest and pleasure your article on the foot operations of Syme and Pirogoff, in the September number of your journal, and have no doubt that the article will do great good in this time of haste for surgical fame, when ambitious operators are slashing their way to immortality on foot, with all the impetuosity of a flying artillery.

In my letter, from which you did me the honor to quote, you will notice that I do not, however, oppose unqualifiedly these new operations, and I doubt not that Professors Syme, Pirogoff, and many of * their illustrious compeers in this country, are operating with an eye single to the best good of their patients; and believing, as I do, in rational progress, as well as in just conservatism, I shall watch the results of these wise surgeons' commendable efforts with hopeful solici-My studio is now a kind of international asylum for the mutilated. I may safely say that I have examined fifteen thousand stumps, and at the present time every form of new amputation is pressing on my attention. While I regret to be obliged to repeat that I have not yet seen a case of Syme's operation which has admitted of such an artistic appliance as is satisfactory to myself, (some have been satisfactory to my patients,) I yet hope to meet the requirements of this operation more successfully, so as to aid the surgeon to the uttermost, in suiting his place of election to the indications of nature, in all cases. But science and art, now wedded, must not be divided. If the surgeon considers not wisely the form of artificial appliance most serviceable for his patient, his error will be irreparable; so will be the mechanician's, if he possess not a knowledge of the living (as well as of its imitative) mechanism. My researches are not confined to invention With the aid of our great surgeons of Philadelphia, to whom I am greatly indebted, I am exploring the mysteries of the cadavera (as well as the books) with reference to these new modes of Dr. Pancoast has furnished three Pirogoff stumps for me, one of which I have treated successfully, and I have reason to anticipate better success still with the others, the stumps being better. will be understood that I am now instituting no comparisons between these cases and those amputated at the points of election above the ankle, as before submitted. That I can do more intelligently after a

reasonable trial, in a number of the best cases, which so consummate surgical skill will certainly offer me. Pirogoff's is, without a doubt, the best ankle operation now practiced. I have just devised an improved foot for this operation, (which is also adapted to Syme's,) and if it shall prove as perfect in action as it appears in theory, it will remove many of the objections to these long bulbous stumps.

The ankle disease seems to be contagious, and has exercised my mind, hand and foot, till I, too, am halting between two opinions. What will you say if I propose a new mode, better than Pirogoff's? I do not say that I can, and yet I have an idea which the first surgeons of our city have told me is worthy of consideration. I now give it to you. It may, like many other pretty theories, prove simply impracticable. I am not aware that it has been tried. My mode consists in a horizontal (instead of a vertical) division of the os calcis at the margin of its upper articular surface, and may be briefly sketched as follows:

Make a curvilinear incision around the foot in front, from the lower part of one malleolus to the other, dividing the tissues a little lower than is usual in performing Syme or Pirogoff's operation, and round the sole, making the plantar flap long enough to meet the dorsal above the division of the bones. Dissect up a little above the anklejoint, then down around the astragalus, to its articulation with the calcaneus-remove the astragalus, and divide the tibia, fibula, and os calcis horizontally, removing the entire articulating surfaces of the two former. Now remove the calcaneo-astragaloid surface of the calcaneus, and place the cut edges of the bones in apposition, adjusting the flaps so that the cicatrix shall be above the excision of the bones. The calcaneus will be moved upward and forward about an inch, its centre being in a vertical line with the tibia, as seen in the sketch. Fix the knee and bandage from it round the heel, if necessary, to hold the bones in place while uniting.

This operation will shorten the limb an inch or more, giving space for the contraction of the muscles, and rendering the division of the tendo-Achillis unnecessary. It admits of a suitable ankle-joint in the false foot, and retains the entire base of the os calcis and its integuments intact, and in the true line of support indicated by the centre of gravity, thus affording a broader and better base of support in the false foot, the arch of which is made to fit the calcaneus just as the shank of a well-formed boot fits an unmutilated member—perfectly comfortably—I think.

Yours, very truly,

B. Frank Palmer.

-Cincinnati Medical Gazette.

BOTANY AS AN ALLY TO MEDICINE.

[Under this title, Professor George S. Blackie, of the University of Nashville, has recently delivered a Lecture before the Medical Society, which that body have appropriately published. It is a noble plea for the study of Botany, which is called for in these degenerate days, when this precious science is ignored by physicians, and even by most of our Medical Schools which insist on calling men "Doctors," learned men, qualified to teach and practice the Art of Healing, without having studied Botany, or even understanding its technical name, Phytology.

As the learned lecturer clearly shows, in the first medical chair in the University of Edinburgh, medicine and botany were one, the celebrated Sir Robert Sibbald being the only Professor in 1685. It was not until twenty years after that he took the title of Professor of the Practice of Physick; and Dr. George Preston was made his assistant and Botany erected into a separate chair, thus increasing the Faculty to two members for the division of labor; but still the unity of the two coequal sciences was retained, and the physician and botanist were one.

The lecture is so original, classical, and eloquent, that we would gladly insert it entire, but our limits restrict us to a few brief extracts, for which our readers will be grateful.

Therefore is Botany a natural and beautiful study. But it is indeed a matter of regret that among medical students it is not a popu-For this there are reasonable enough grounds. In the first place, the amount of subjects which the medical student has to master, or at least gain some knowledge of, before he can be considered to possess a due acquaintance with disease and the art of healing-Anatomy, Chemistry, Materia Medica, Practice of Physic, Physiology, Pathology and Obstetrics—is so great, that he really has not the time to bestow on any of the collateral sciences, the cultivation of which has considerable, though perhaps not directly practical, bearing upon his profession. Such sciences as Botany, Logic, Mental and Natural Philosophy, which must be regarded as indispensable to a thorough medical education, are, naturally enough, viewed by the medical tyro as barren accomplishments, bearing but little on his professional studies. But the very fact that most of the great examining boards of other countries require these branches to be studied before the candidates are admitted to a professional examination, is sufficient to show any student that there must be something in them which it is considered highly advantageous for him to acquire, something which will afford him peculiar aid in the practice of his calling. Now what is that something, and how is it to be acquired?

You are not a number of young men whose sole object here is to cram a certain amount of question and answer, wherewith to receive an empty title and go out into the world to acquire a number of dollars and cents by the exercise of your pills and potions on your fellowbeings, but a number of men with an earnest, single purpose, seeking to master the great principles of medical truth, and striving to enter the temple of our art by every avenue. I therefore exhort you to bestow-not now, amid the feverish excitement of college life, but at a future time-some attention to the science of Botany, and take my word for it, you will find the time bestowed will be fully repaid you. Some of you will soon be ready to enter upon all the trials and temptations which beset the doctor in his first outset in life. when you find time hang heavy on your hands, when you have read your "Watson's" and your "Enrichson's" till the letters seem a part of your being, when you have smoked and chewed till you are disgusted with the precious weed, when you have counted every brick in the opposite wall, and yet no call is made on you to prove your skill, it is then that you will find the study of this science come like a guardian angel or a refreshing shower upon you, and you will be overjoyed to perceive something still left for you to do. Out, then-into the woods and fields-to the moors and fenlands-to the mountains and prairies—the hedges and ditches—gather in the precious spoils— (weeds, if you please,) examine them in your dusty office! They will bring life and light with them. Possibly you may find among them remedies of which you, or no other before you, ever dreamed, for we live in a new country, and our wayside plants are not yet all learned and known-but even that great end is but small to you, compared with the intellectual enjoyment which will spring from the examination of the beauties unfolded, the mental exercise the study will afford, and the satisfaction in feeling your time has not been wasted. even if you are fortunate enough to secure an extensive and lucrative practice, as I hope you may, how agreeable-nay, necessary-amid the troubles and trials of professional routine, to fall back on some congenial study, to interest without over-exciting the mind, and to give the necessary variety to the current of thought! I need not dilate upon the physical advantages, the pleasing relaxation, the exercise, the healthy excitement which the study affords; they will readily occur

to you. Nor need I more than allude to the pleasure it affords our neighbors and patients to find in their doctor not a physician alone, but a cultivated man, sympathizing with them in their acquaintance with science, literature, and art.

But, apart from these advantages, what will Botany teach you? Well, then, to Chemists it is indispensable, as by it, containing within its jurisdiction the simplest organized beings, the question of how organic combinations arise from inorganic elements has yet to be solved—to Physiologists it is indispensable, as the simplest and most general laws have their foundation in vegetable phenomena—to Pharmaceutists it is indispensable as affording a knowledge of the plants of the materia medica, and as it gives the best, and often the only, indications for the distinction of drugs derived from the vegetable kingdom by a knowledge of the structural relations of plants. You aspire to be Chemists, Physiologists, Pharmaceutists; therefore, be Botanists also.

Before knowing how and when to prescribe a medicine, it is our duty to understand the nature of it. This necessitates an acquaintance with its external character and sensible properties, its chemical nature and the mode of procuring it. As by far the majority of our drugs are derived from the vegetable kingdom, to have this knowledge we must of necessity be Botanists. Without a knowledge of Chemistry and Botany we cannot be said to possess a true acquaintance with the materia medica. We may know enough to be able to write a respectable prescription, to distinguish between a good drug and a bad one, to compound an elegant pill or powder, but we cannot venture to trust to our own resources and go out into the woods and fields to seek our own remedies, thereby emulating the ancient founders of our art in the laborious experiments which they have recorded for our use. And it is a fact, too much overlooked, that we, in our new and wide domain, are not very differently placed from the ancient masters in medicine. They had their world to experiment in, we have ours; they had their diseases; ours are different, and just as our maladies are new and strange, so is our flora new, and in a great degree unexamined. As our chills are American, so is our quinine. Depend upon it there is some indigenous drug in Europe which will quench the intermittent fevers of that country. It is not according to the system of Divine Providence to trouble his creatures for 5,500 years with a terrible malady, and yet provide no means to alleviate it. specific for European chills has yet to be found. That for American

chills is here. Our American maize cures our native chills, and where those chills are most abundant, there most abundantly it grows. turpentine of our pine woods proves the antidote for our typhoid fever. The boys of Scotland will tell you, "there's nae nettle wantin' a Seventeen hundred years ago Pliny abused the Roman Doctors for resorting to Further Ind and Arabia Felix for remedies for diseases, when the true cures were each day placed on their dinner-tables. I most earnestly believe that no peculiar disease exists in a country without some means of cure or palliation being also to be found in that country. And it is our duty, your duty, as medical men, to examine, to experiment, and to go on examining and experimenting, heaping up fact upon fact, with earnest, steady purpose, patience and perseverance, until we have gained a knowledge of all. The All-wise Being by whom we are governed desires our good, and has provided us the means of benefiting ourselves, but as the curse of thorns and thistles rests on our heads. He requires us to discover these means for ourselves.

In how many circumstances may you be placed in which a knowledge of the structure of plants may be of the utmost value to you! How often may not a knowledge of the appearance and properties of plants be of immense practical importance! How often does the wise physician fail to accomplish his end, when some old woman comes up with a despised weed and cures the malady! How often do men become eminent and distinguished in their profession from a mere knowledge of the plants around them! Of course I do not allude to quacks, who do often profane the name of Botany. How often have fatal poisonings occurred which could have been averted had the medical attendant only known the properties of plants around him! Placed as medical men often are, without the usual remedies at hand. how often may they not be enabled, by an acquaintance with botanical characters and alliances, to substitute one species for another! medical man is not always a fixture in his home or city; he has to travel, he may be wrecked and thrown on an unknown territory and new clime. How delightful for him, in such a case, to be able to determine the characters of the plants around the starving crew, to pick out the esculent and avoid the poisonous! I know of such an adventure having befallen a young surgeon in the Arabian Sea, who by his knowledge and confidence as well as by his example, kept up

^{*} No stinging nettle grows without a dock leaf.

the spirits and satisfied the appetites of a number of his fellow-travelers for nearly a week. Such are a few of the practical advantages you may derive from the study of this science. Our fathers in medicine were all botanists, "herbalists," we now somewhat contemptuously style them, and from the practice they learned by their observations on plants, they derived those precious truths which modern science can only ratify.

It is the study of such facts as these that will render Botany of interest as well as of value to each one of you, and you must agree with me that Botany, if not an intrinsic part, is at least an ally of the Science of Medicine.

And now, gentlemen, my task is done! The framing of such a lecture as this is no easy task. The lecturer is expected to deal with generalities, but these generalities are not so varied but that they have been worked over and over again in many such attempts. haps, however, I have succeeded in my endeavor to point out to you the bearings my subject has on those to which your present time is devoted, and incited the desire in some of you to pursue it for yourselves. And if I have not succeeded in this, I have at least the satisfaction of knowing that I have introduced to your notice the most fascinating of the natural sciences, that I have shown you to some extent the light which this and similar studies must shed on a philosophic practice, giving us, as they do, enlarged views of organization, and of the great laws of universal life, while at the same time they yield an intellectual discipline, exercising you in the only habits that can make you great practitioners, in the habits of diagnosis, the head and front of Medical Science. Upon the grounds of simple utility, Botany and Natural History put forth claims which must be recog-The purely practical tendency of such studies may be instanced by recalling the fact that Cuvier and Humboldt were eminent statesmen, Linnæus a great physician, Sir Hans Sloane the first physician who introduced the use of bark into England, and a thousand Bentham, an eminent London botanist, has stated his belief that had it not been for Ray, Linnæus and Jussieu, and other great natural historians, the science of Codification, or the philosophic construction of a country's laws, never could have arisen.

Nor is it fair to judge alone from what is already learned. Many an apparently insignificant fact may be pregnant with the most gigantic results. Little did Mrs. Muirhead dream, when she chid the boy Watt for idling with a spoon over the spout of a tea-pot, that

from this apparently idle pastime should be developed a power which can cut steel into ribbons, impel loaded vessels against the fury of the winds and waves, and drive an iron steed along the iron highways of the world! Little did Galvani imagine when he observed the leg of a frog quiver on the iron rail of his balcony, that he there descried a power which should influence the world, and transmit thought from pole to pole with lightning speed! And similar great facts may lie concealed in many of the every-day phenomena which Botany and Natural History afford us.

In conclusion, I earnestly exhort you to pursue, in the intervals of your business, some one of the natural sciences. Besides the practical value it may have in your profession, there is a something more valuable to be attained—the elevation of mind, the pleasure which cannot be taken away, and which will be renewed at every step you take. Open for yourselves the Book of Nature—

where all is formed
With number, weight, and measure.

Each moss, each shell, each insect holds a place,
Important in the plan of Him who framed
This scale of beings; holds a rank, which, lost,
Would break the chain and leave behind a gap,
Which Nature's self would rue."

STILLINGFLEET.

No surer plan is there to keep the mind in tone, than by having a fresh subject for thought and reflection, appearing fresher every day. To the man who has made himself familiar with nature, there is no spot of earth, nor moment of time, which does not bring employment and enjoyment. Every clod of earth, every wave beating against the shore, every plant in earth or water, every animal, flying, creeping, walking, swimming or immovable, every sound and every vision is to him a new leaf in a book truer and more instructive than any ever penned by man. This book is worthy of the employment of the highest intellect, for, says the inspired naturalist King, "It is the glory of GOD to conceal a thing, but the honor of kings is to search out a matter." (Proverbs, xxv., 2.)

Gentlemen, the best wish I can wish you is, that you may become interested in the works of Nature; that you admire them both as separate items and as parts of a whole; that you contemplate in proper spirit the works of GOD in creation and providence, remembering the words of the poet Milton, when he says:

"The desire which tends to know
The works of God, thereby to glorify
The great Workmaster, leads to no excess
That reaches blame, but rather merits praise
The more it seems excess;
For wonderful indeed are all His works,
Pleasant to know, and worthiest to be all
Had in remembrance always with delight."

Scott County Medical Society—Expulsion of a Member.

We publish below an official account of the expulsion of Dr. Langer from the Scott County Medical Society, Iowa. Let other societies follow the example of the Scott County Society, and we would have less often to blush for the flagrant derelictions of members of the medical profession in good standing in our societies. Let societies enable all good and true members to say, when low and unprofessional practices are charged justly upon a medical man in their neighborhood, that "he is not of us, he does not belong to our Society." How did this man get into the American Medical Association, a representative body? Who endorsed him? Is the congress of American physicians to become what Tacitus said of Rome, a vast reservoir for all that was abominable in the surrounding countries? Off with their heads, and away with the pitiful argument that the decapitated will make capital out of it. Let them be welcome to all the capital they can make outside the legitimate pale. We have never known a man make capital worth thanking the Devil for who was kicked out of a church.

DAVENPORT, Scott Co., Iowa, November 1st, 1859.

- "SIRS—I am instructed by the Scott County Medical Society to notify you officially of the expulsion of Dr. Ignatius Langer, a member of that Society, and to state briefly the object of this communication.
- "The reasons for his expulsion are fully set forth in the subjoined preamble and resolution, which were passed at the last regular quarterly meeting of the Society, and which need no further comment.
- "At the last annual meeting of the American Medical Association, held in Louisville, Dr. Langer appeared a self-constituted delegate, and by the courtesy of that body was allowed to read a paper on the

[&]quot;To the Editors of the Nashville Journal of Medicine and Surgery:

subject of Subcutaneous Injections; he was also appointed a Committee to report thereupon at their next annual meeting, to be held in New Haven.

"In the name of the American Medical Association he has issued a Circular, addressed to the profession generally, requesting their co-operation and assistance in preparing this report.

"In this Circular he inserted a clause implying his good standing in the Scott County Medical Society, of which he was a member, as well as another clause, casting an unjust imputation on the daily conduct of all practicing physicians.

"From these facts you may judge of the necessity for this communication, and may advisedly use your discretion in replying to the above-mentioned Circular.

"Very respectfully,

"Your obedient servant,

"JOHN M. ADLER, Sec'y."

PREAMBLE AND RESOLUTION

Passed at the Quarterly Meeting of the Scott County Medical Society, October 25th, 1859.

"WHEREAS, At the previous meeting of the Scott County Medical Society, held July 26th, 1859, Ignatius Langer was found guilty of a charge then preferred against him, of making and repeating from day to day certain unwarrantable examinations and manipulations of a pregnant female, previous to the time of labor, with the pretended object of discovering and correcting a mal-position of the fætus in utero, and of publicly proclaiming the object and intention of his repeated visits to said patient; and whereas, said Langer, in the face of a unanimous vote of this Society condemning the practice, still persists in his avowed determination of requiring females to submit to any examination which he may think proper to make at any time during their pregnancy, which is contrary to all authority and usage, and derogatory to the dignity and decency which should ever characterize the conduct of a physician and gentleman; and whereas, certain other charges, then preferred against him, which were submitted to the investigation of a special committee, have been well and fully substantiated by testimony adduced by various persons, members of this Society, and others, and which charges constitute special and distinct violations of the letter and spirit of the Code of Ethics, by which this Society is governed; and whereas, during this investigation, said Langer has publicly uttered various contumelious remarks regarding the members of this Society individually and as an association of professional men, thus exhibiting his disregard of the opinions and actions of the Society, endeavoring to cast upon it the imputation of ignorance and the want of a generous spirit of tolerance; and whereas, this Society deems it due to its own self-regard, and to the standing which it has ever endeavored to sustain among all honorable organizations of its kind, to protect itself against these aspersions, to discountenance and condemn, in the most emphatic manner, the indecent and disgusting practices above mentioned: therefore be it

"Resolved, That the said Ignatius Langer is no longer worthy of fellowship with us, having forfeited all claims thereto; that hereafter we individually and collectively will hold no further professional intercourse with him, and that he be and is hereby formally and finally expelled from the membership of this Society."—Nashville Med. and Surg. Journal.

COMMUNICATIONS.

OUR PHILADELPHIA CORRESPONDENT.

No. 15.

AN ANECDOTE WHICH IS A FACT.—REPLY TO "B."—THE STAMPEDE OF THE MEDICAL STUDENTS.—PHILADELPHIA TEACHERS AND SCHOOLS.

"Injuries accompanied with insults are never forgiven; all men, on these occasions, are good haters, and lay out their revenge at compound interest."—COLTON.

By Jove, I am not covetous of gold;
Nor care I who doth feed upon my cost;
It yearns me not if men my garments wear,
Such outward things dwell not in my desires:
But if it be a sin to covet honor,
I am the most offending soul alive.—Shakepkare.

DEAR GAZETTE—A popular public speaker, after delivering what he considered a very affective address, was complimented by another speaker on the success of his effort, and was told that his address would have been still more telling had he introduced into his discourse a few facts. This announcement very naturally astonished the orator very much, for he supposed he had been enunciating facts of sufficient variety and interest. On closer inquiry, however, he found that facts in the mind of the second speaker meant anecdotes. It has occurred to the writer of this learned epistle, that perhaps the recitation of the fol-

lowing "fact" would add a little more variety to the production. "I tell the tale as 'twas told to me:"

A young man who had been reduced from wealth and social position by the bankruptcy and death of his father to the necessity of acquiring a mechanical trade in order to support himself, had, after years of toil and anxious study, attained a competent education to commence the study of medicine. Calling upon a well-known and popular practitioner of this city, and stating his wishes, he was put off with some general remarks, and requested to call again. Some time after this. he called upon another physician, but was received so haughtily and coldly by the wealthy doctor that he left the door of the rich mansion in sorrow and indignation. This was his second trial to enter the medical profession. After this, he visited the office of a gentleman of high repute for learning and piety. This person received him with great condescension, and informed him that if the young man was sure that the Lord had called him to be a doctor, the pious doctor's office would be open to him. This the young man could not do; he consequently departed in peace, wondering at the curious receptions he had Returning directly to the residence of the first physician, he was met again with the question from the amiable doctor. "What is thy motive, John, in studying medicine?" His heart full of the repulses which he had just met with, he replied with energy, while the tears streamed over his cheeks, "I know of no other motives, doctor, than the love of the profession, and the love of mankind." The benevolent physician evidently felt the appeal, and, with moistened eyes, grasped the young man's hand, and said, "Those are good motives; from this moment, John, thou art my student."

The next week found the young man listening to the lectures of the proud physician, who had also been a pupil of the venerable Quaker, and who has not yet probably forgotten an interview of some little importance to both parties.

SENECA observes in a late number of the *Med. and Surg. Reporter*, of our city, an elaborate letter, apparently designed to prove that a society in Philadelphia, called the Kappa Lambdas, is not of the description given us of one in New York, and the writer over the signature of "B" gives us his history, and many of the names of the members of the association, in opposition to the queries of Seneca in a former letter, and concludes his epistle by some very "flippant" strictures of the "scribbler," who dares to notice the "profession of Philadelphia" over the venerated name of Seneca. Seneca replies—first, that he did

not charge the Kappa Lambdas of Philadelphia with being what these in New York are described to be, and does not consider himself tosponsible for their name. Secondly, the publication of the names of the members of the Society is no argument for or against its character. Everybody knows that his catalogue "are all honorable men." and would scorn, any one of them, the responsibility of a mean act. Thirdly. Seneca replies to the sneers of "B," and to his garbled quotation that sneers are no argument, and that there is another quotation from Shakspeare that might be brought in, which runs as follows: "Let the galled jade wince, our withers are unwrung;" and finally, SENECA is very much amused with the disposition continually evinced by certain parties when in a difficulty to represent themselves as "the profession." Every "scribbler" and talker represents the whole profession, and while ventilating his private griefs, or recking his personal vengeance, claims to represent all the medical world and "the rest of mankind."

This is as much space as Seneca can afford in reply to the elaborate letter of "B," adding, however, that if "B" desires a war, that an open one is more manly than a bush-fight; and that an anonymeus newspaper "calumny" is not exactly ethical. In this remark, Seneca does not refer to the epistle in the Reporter.

But, my dear Gazette, the great question of the day in our city is the stampede of the students. Another company, though a small one, went off on the evening of the 24th inst. Some suspicion exists here that the young men have been enticed off by the Professors of the Southern Colleges. This, Seneca does not believe. The professors in the South are honorable men. Of course they will not refuse any secessions to their classes which political or other excitements may send them. As far as we can learn, about 200 students have as yet left the city; and some who have been supplied with free tickets by Gov. Wise, have wisely postponed their departure. A popular but dissipated grinder seems to have been the leader in the stampede. His Southern chivalry thus requites the hospitality and favors showered upon him by our citizens.

The Dean of the University announces in the papers, that only 18 had left that school on the 23rd, out of a class of "over 500." The sober, second thought is retaining many who have been led away by the excitement of the moment. One young man has left the Dental College, two or three the College of Pharmacy, and the rest must have gone from the several medical schools. We have no fears for our

classes in Philadelphia; the reputations of our teachers (both of the dead and the living) are too well established to be destroyed by political or any other extraneous excitement. Philadelphia never before had as many popular and learned teachers as she has now; and never before had so large classes of medical pupils. She boasted a few days ago of having the largest class ever collected together on this continent, and perhaps in Europe, in one school. It was and is a fine sight, to see that "irrepressible" crowd of youthful talent, hanging on the eloquent lips of the great teachers; the stimulus of association acting to intensify the minds of these young men in the pursuit of science and the healing art. All these are golden and never-to-be-forgotten moments to those young, but powerful and aspiring minds, and may they be treasured up in the bank of memory for ages, to bring forth compound interest to the profession at large, and to the great Philadelphia schools. Adieu! my Christmas dinner waits, and smiling nephews and nieces call for their uncle to carve the turkey. SENECA.

Inquiry into the Effects of Atmosphere Admitted to Wounded Bones, Tendons, and into Joints.

By E. S. Cooper, A.M., M.D., Professor of Anatomy and Surgery in the University of the Pacific.

For the last five years I have, from time to time, been publishing in different medical journals cases of successful operations in surgery, performed without the least regard to the supposed deleterious effects of atmosphere admitted to wounded bones, tendons, and into joints.

My purpose at this time is to show that atmosphere is not only not irritating, when thus admitted, but that the erroneous prevalent opinion among surgeons, that it is so, has exercised a most injurious effect in retarding the progress of surgery. Thus, in cases of burrowing of matter in the knee-joint, whether from white swelling or injury, surgeons have generally contented themselves with pursuing an expectant course of treatment, though experience has from time immemorial shown them that they had little to hope, and the worst consequences to expect from neglecting these cases; and so fearful are surgeous of dangerous results arising from the admission of air into joints, that the few successful efforts made to cure white swelling by a bold incision into the joint, after the burrowing of purulent matter has commenced, have passed comparatively unnoticed, because they were considered exceptions to a common rule. I deny that these successful cases are

exceptions to a common rule; on the other hand, I think it quite rational that we might expect the same success in these cases as is obtained after opening the phalangeal joints in cases of felon. is not only philosophical, but it will stand the test of experience. I have tried it fully in numerous cases, and am able to speak from actual observation. Though it has been some years since I adopted the practice of opening the joints the same as I would open any other part in cases of burrowing of matter, I have not yet seen a case in which any untoward result followed. In cases of white swelling, where there is a large amount of matter burrowing in the joint, I not only open it freely by an incision, six or eight inches long, but I apply a piece of lint in the wound afterwards to keep it open, the same as is constantly done in cases of felons. This is my universal practice in these cases, and has been for years, and yet I have seen no instance in which there was the least evidence that atmosphere admitted into the joint proved irritating; on the other hand, all experience teaches me the reverse, and causes me to regret that I did not adopt my present practice at the commencement of my professional career. I am fully convinced that I might thereby have saved much suffering, and prevented many deformities, which I did not.

I deny that atmosphere admitted to wounded tendons is injurious. I have recently operated on thirteen cases of club-foot, in which the operation consisted in cutting down directly upon the tendon, and dividing it, together with whatever of substance of the character of true fibrous degeneration might be found; and in no case have I had the least trouble in consequence of the wound made by the knife, though in one case the child was only five weeks old. On the other hand, since I adopted this method, much less inconvenience has been experienced in effecting a cure. I do not advocate this doctrine especially in club-foot, because the subcutaneous section may be made altogether successful, but I mention this to prove that atmosphere admitted to a divided tendon is not a source of irritation. But upon the whole, I prefer the direct incision to the subcutaneous section in these cases. The plan of pressing out, with the greatest care, all the atmosphere admitted, in case of dividing a tendon by subcutaneous section, and making the prevention of its admission a cardinal point in these operations, is, in my estimation, simply absurd.

What proof has any one yet given, or can give, that atmosphere admitted to wounded bones, nerves, or tendons, produces irritation? There is no doubt but that in certain conditions of the atmosphere its

constant admission to any kind of wound might prove injurious. It might be too dry, too cold, or too hot for the healthy condition of the wound, and thus prove injurious. It is for a similar reason that we apply in one case an evaporating lotion, in another a poultice, &c., because we wish to produce and sustain a particular temperature as well as action. But that the atmosphere possesses any direct and all-powerful poisonous influence upon wounds of any kind, I cannot believe.

The air, in my humble opinion, exercises no more influence upon wounds than upon many forms of disease. In some forms of disease exposure of the surface of the body to the atmosphere would prove highly injurious, because it might contain too much moisture, and would by its coldness and humidity cause a sudden depression of the temperature of the system; but this is entirely a different matter from the admission of atmosphere to a small amount of surface in a wound, say an inch or two. Besides, it must be remembered that the natural temperature of the surface is many degrees below that of the interior of the body. And in a weakened state, when the heart's action is feeble, a sudden exposure to cold of a part but illy prepared to resist its effects might naturally be expected to cause a powerful shock to the system. But such is not the case in operations upon healthy persons, when an exceedingly small amount of surface is exposed, as in case of club-foot. And further, are not surgeons constantly in the habit of amputating at the joints? and yet no one expects to see violent inflammation arise from the exposure to atmosphere of the half of the articulating surface still remaining attached to the body.

If a very small amount of atmosphere, such, for instance, as is admitted by the puncture of a penknife in the knee-joint, produces such violent symptoms as are attributed to it, why should not the free exposure of the whole surface of the lower end of the femur for several minutes, as is frequently the case in amputations at the knee-joint, produce in nearly every case a most violent inflammation?

In cases of puncture of the knee-joint with a penknife, hatchet, or adze, and which afterwards heals by first intention on the surface, and the patient remains free from any important symptoms for six or ten days, and finally suffers a disorganization of the joint from inflammation and burrowing of matter, it is worse than nonsense to attribute it to the admission of air, because the amount admitted would be entirely too small, unless it contained some ingredient acting absolutely

poisonously; and were such the case it would be shown at once, instead of several days after.

In these cases the cause of the symptoms depends alone upon the pent-up purulent matter, for whose removal surgeons generally are not willing to risk the supposed dangerous effects of admitting air into the joint, by opening it freely; and thus has the progress of surgery in the treatment of diseases of the joints been retarded.

EDITOR'S TABLE.

PRED INK

We repeat, in this number, the new device of using RED INK, on the wrappers of the GAZETTE, as the most polite and delicate intimation to those who are thus designated, that they are *delinquent* subscribers, and in arrears on our books.

All who have paid for 1860, receive their Journals free of postage; while our non-paying subscribers are still taxed for postage; a hint which has not proved successful, so that we now try the Red Ink.

The year has now closed, and unless remittances are now mailed, all who do not soon pay in advance will be stricken from our mail book for 1860.

The present number, issued January 1st, is the first of the present year, and opens our 11th volume.

The advance subscriptions of all are now due, and prepayment for 1860 will secure the prepayment of postage for the year. Only two dollars per annum, in advance.

AMERICAN MEDICAL GAZETTE-VOLUME XI., No. 1.

The present number enters upon our ELEVENTH VOLUME, this Journal having been commenced in 1850, and a volume having been issued annually. At first a weekly, then a bi-monthly, and for the last seven years published monthly in its present form, it has attained a position and a circulation with which we have every reason to be satisfied. A very large majority of our subscribers have adhered to us throughout the entire decennial period, and manifest their favor by continued support.

We enter upon another year, therefore, under most favorable auspices, with a large subscription, a wide and increasing circulation, and enjoying an advertising patronage beyond any of our contemporaries. The late volume shows an increase in our original contributors, of the number of whom and the value of their communications we are proud, coming as they do from able and eminent men in every part of our country, and from foreign correspondents of distinction and ability. In this respect we are encouraged to hope for an improvement in the present volume, by assurances of new auxiliaries at home and abroad.

From the beginning, we have sought to make this an independent Journal, free to the profession everywhere, but especially devoted to the service of American practitioners of medicine, in all its departments, irrespective of any local or partisan interests. To maintain the honor, dignity, and usefulness of the profession, and vindicate its claims to public confidence and respect, has been with us a paramount Hence we have criticised and exposed every phase of consideration. quackery, including the medical heresies which have sought the favor of the profession and the public, under the devices of "science falsely so called;" and we have analyzed the "false facts" and crafty pretences by which medical imposture is wont to fatten on the public credulity. It is a source of high satisfaction that our labors in this regard have been appreciated, and our success rewarded by the recognition and approval of many of the wisest and best men in our brotherhood, whose letters have greeted us and bidden us God-speed. that we have been subjected to the hostility of the ignorant and unprincipled pretenders, mountebanks, and charlatans of the fraternity, whom we have overthrown, and, in several instances, driven from our city and exiled from the country, is among the best proofs and fruits of our labors, in this unenviable department of our work.

It now only remains to reiterate the assurance to all who patronize the GAZETTE, that in the volume upon which we are now entering there will be no falling off in the fidelity and zeal with which the editorial duties to the profession of our common country will be discharged. Our subscribers will still be kept posted up to our date with everything novel, meritorious, or useful, which may transpire in the medical world, or be superadded to our stock of knowledge in any department of the healing art. A course of Lectures on Health is in preparation, in which the whole subject of hygiene and medical police will be presented in a form calculated to indoctrinate the profession and the public into the teachings of sanitary science and prophy-

lactic medicine, topics which have been too long overlooked, though of paramount interest and importance. A more practical character will be given to the selections from foreign and American journals than has been practicable heretofore, for which purpose adequate assistance will be provided. But for the meagre reports of college cliniques, and the like common-place matters, our readers must look elsewhere, as our space will be otherwise, and we hope better, occupied.

Our columns will be ever open to the temperate discussion of all those subjects in which the profession as a whole are interested, and in relation to which there may be conflicting opinions. Such are the improvements and reforms which may become necessary in medical education, under the guidance of the National and State Associations, all of which are now ventilating this subject, through the medical journals and otherwise. The present year will probably be an eventful one in this respect, in view of the preparations making for Reports by the several Committees, to be presented at New Haven in June, 1860, when our next Medical Congress convenes, and when some definite action will probably be indicated, which we hope and believe will be alike harmonious and salutary in its results.

Finally, we hope to make the GAZETTE still more desirable to its friends, by improving in all respects what is conceded to be among the most prosperous, as it is confessedly the *cheapest*, medical journal in the world. And if each of our subscribers will only send *two* dollars in advance for themselves, and *three* dollars more for two of their neighbors, whose subscriptions they may secure, the three copies will be mailed to one address for *five dollars*, the entire year of 1860.

Who will speak first? Let them "not stand upon the order of their coming, but come at once!"

While gratefully recording our high sense of the kindly relations which have happily subsisted between our subscribers and ourself, they will permit us with this number respectfully and affectionately to greet them with the compliments of the season, and wish to each of them and their families a Happy New Year. A remittance of their dues will be esteemed as an appropriate reciprocation of the salutation, especially if each will transmit the name of at least one new subscriber.

The communication of Dr. J. O'Reilly, which opens this number, we present as worth a year's subscription, a judgment which will be confirmed by every reader, who can appreciate originality and practical merit. We regard him among our ablest contributors.

Sudden Stampede of Southern Medical Students from Philadelphia.

In the notice, which, as a journalist, we are obliged to take of this startling event, we must necessarily introduce a subject never before hinted to our readers, viz., Abolitionism. Into this controversy we entered a quarter of a century ago, and placed ourself upon the record, by demonstrating that the Anti-Slavery crusade, then commenced against the South by fanaticism and treason, was essentially Anti-American and Anti-Christian. For many long years we battled for the Church of our choice, upon the forum and through the press, to prevent this stalking-horse of slavery from cursing our ecclesiastical organization, as it has ever since done this and other religious com-But our warnings were unheeded, and our predictions that when the ecclesiastical bonds which united the North and South should be divided, the severance of our civil bonds would be easy, and might be apprehended as the ultimate result of this traitorous conspiracy against God and man, were all treated with neglect, and the shepherds being smitten, the sheep were scattered. Hence the unhappy division of the churches was consummated, by treachery on the one part and tardy policy on the other, until a line was drawn, estranging Northern and Southern Christians from each other, which can never be obliterated, for the deed is done, and Abolitionism is the accursed cause.

But, although we have grown familiar with the ravages of this destroyer of the peace of churches, and suffered from its unutterable mischiefs in the agitations which have disturbed the country, and at length culminated into "deeds of infamy and blood, enough to make the cheek of darkness pale," yet we had thought and hoped that there was one sacred spot, into which the smoke of the boiling political caudron could not enter, and that with the question of slavery it was conceded that we of the medical profession, as such, had nothing to do.

Our brethren, all over the land, have been united in the "American Medical Association," which convenes alternately in the North and in the South every year; and to the present hour neither Slavery nor Abolition has ever been permitted to disturb our tranquillity, not even in any one of its thousands of auxiliaries in any Territory, State, or county. Moreover, our profession as a class have everywhere stood aloof from this controversy; nor have any considerable number of them anywhere sympathized with extreme men or measures, while all have been conservative to the Union and the Constitution, ever sustaining

the supremacy of the laws. This is especially the case in all our Medical Colleges, and pre-eminently in those of *Philadelphia*, where this stampede has occurred. Not only have a very large proportion of the students annually flocking there been Southern men, but many of the eminent professors in each of the schools are from the South, and neither teacher nor pupil has ever been known to have conflicting opinions on the subject of Slavery. Nor, indeed, until within a few weeks, has any geographical distinction among the students on any subject been apparent.

In October the colleges opened their winter session, and the classes have exceeded all former precedent, the Southern States being, as usual, largely represented. All went pleasantly as a marriage-bell, until that old filibuster, John Brown, shocked the country by his band of conspirators, who, like himself, having plotted insurrection, murder, and treason, suddenly invaded Virginia, "breathing threatenings and slaughter," and, like Saul, so besotted by the foul fiend of Abolitionism, that they "verily thought they were doing God service" by their bloodthirsty preparations to scatter firebrands, arrows, and death through the fair fields of the South. The impious marauders were soon overpowered, and have been since hanged, as they ought to be; but the panic through the Southern country has destroyed confidence in the safety of their families among multitudes, who tremble at the possibility of a repetition of the scenes of Harper's Ferry. The Southern students, whose parents, wives, brothers and sisters, are exposed at home to the dangers of insurrection, are excusable for the natural feelings of anxiety for their safety, which such events are calculated to awaken. But we marvel that they should so greatly underrate the security afforded them in the true hearts and strong arms of Philadelphian and Northern patriotism, which are pledged to protect Virginia and the other Southern States in their constitutional rights, by all the power of the civil and military government, whether of the States or of the Nation.

What though one-tenth of our Northern population sympathize with treason, while nine-tenths, including a like proportion of physical and moral power, are ready to denounce Abolitionism, and rally for the Union? Why should they flee from their friends and brethren here, because, forsooth, fanatical meetings are held to canonize felons, and traitors, and murderers, after they have been hanged? Because certain Pharisees in the pulpits and Scribes upon the forum rave against the South, and curse slaveholders in the name of all the gods

at once, while their blasphemy is a stench in the nostrils of all but their handful of dupes, why should the Southern students be "frightened from their propriety," and desert the schools in which no abolitionist can be found?

The course of the medical colleges of Richmond, New Orleans, and other Southern schools, in inviting and encouraging this stampede, a not to be wondered at, in view of all the facts, and Philadelphia is doomed to suffer, not merely the loss of a large portion of their present class, but the disposition to seek medical education hereafter at home, will necessarily diminish the future classes in our sister city, one of which is said to have 73 per cent. of Southern students, though we judge this to be an exaggeration. Some two or three hundred, it is said, have left Philadelphia, but all had paid for their tickets, leaving some 25,000 dollars in the pockets of their Professors, while fleeing from the lectures. The Southern colleges will this winter have a large increase of classes, without deriving any emolument therefrom; but they will profit next year, if they succeed in keeping the students at home hereafter. We should not be surprised, however, if many of the runaways should return to Philadelphia after the holidays.

In our New York Schools, the University is the only one which has any number of Southern students. Following the example of Philadelphia, a meeting has been called, and, after a stormy debate, the young men had the wisdom and moderation to content themselves with passing resolutions, a mere handful only declaring their purpose to leave; and it is thought that few, if any, will be lost to the school this year. It was announced that one of the Faculty was an Abolitionist, but all the rest are known to be otherwise; and Dr. Mott, the ex-President of the University, was a Vice-President of the late Union Meeting in the Academy of Music, and, with six of his colleagues, are known to be conservatives. In fact, whatever pretext there may be for the students to flee from Philadelphia, by reason of any grievances, none whatever can exist for those in New York, for the public sentiment of this city is demonstrably in favor of the South, and of hanging all traitors like John Brown.

We chronicle the fact that no stampede is likely to occur from New York, with much pleasure. It argues well for the good sense of the students, the mass of whom refused to sacrifice the advantages of our city for a mere political outbreak, as unwise as it is impolitic. Drs. Sayre, Thomas, Aylette, and others, deserve high commendation for

their efforts to allay the uncalled-for excitement. Our neighbors in Philadelphia have our sympathy in this hour of trial.

P. S.—Since the above was written, we learn from Philadelphia that the secession from the schools there has been greatly exaggerated. It is officially announced that only eighteen have deserted the University School out of a class of over 500. And from the Jefferson Medical College of that city, out of a class of over 600, a majority being, as usual, Southern students, not more than 150 have retired. We are sorry for all parties, nor can we regard such a movement as other than unfortunate and wholly uncalled for. Such, we learn, is the conclusion of the Southern students in our own colleges, and we honor their judgment. In our profession there should be no sectionalism, "for we be brethren."

LONG ISLAND COLLEGE HOSPITAL

The official announcement of this new institution on another page of this number conveys the gratifying intelligence that the enterprise and liberality of the members of the Council have been rewarded by full success in establishing both the College and Hospital on a permanent basis, and that our sister City of Brooklyn is henceforth to furnish the profession and the public with a full course of medical lectures and clinical instruction annually, by an able faculty, both college and hospital being conducted under the same roof. The buildings and grounds heretofore occupied by the hospital on Henry Street, during its experimental existence, have been purchased by Dr. Wm. H. Dudley, and will be devoted to the purposes of both college and hospital, under the charter now held from the Legislature of the State of New York, vesting all desirable powers in the Board of Regents and Council, equal in all respects to those possessed by any of the incorporated colleges of this State.

Drs. Austin Flint, Frank H. Hamilton, John C. Dalton, Trask, and R. O. Doremus, so well known to the profession at home and abroad as experienced and accomplished teachers and writers, have been secured in the several departments in which they have distinguished themselves respectively, while Drs. Hutchinson, Enos, and Chapman, of the Brooklyn City Hospital, are all gentlemen of acknowledged science and skill in their several branches, and together make up a faculty of eight professors, which, in our judgment, will compare favorably with that of any medical college in the country. With such an organization as this, and the clinical opportunities of

Brooklyn superadded to those of New York, which are equally accessible to students, the attractions of this school will be unsurpassed, and we confidently predict its entire success.

The first course of lectures, it will be seen, begins on the 29th of March, 1860, by a spring session, to continue four months. We congratulate our Brooklyn brethren that the difficulties incident to their new enterprise have been all so happily overcome by the harmony, union, and perseverance of the Regents and Council, and the purpose they unitedly formed, to spare neither pains nor expense to accomplish the work they had undertaken. The new University projected in our sister city will now have a medical department, already manned, equiped, and in operation. They shall have our best wishes, and all the aid that this journal can afford in their future career.

UNIVERSITY OF NEW YORK.

Having intimated a wish to present an accurate statement of the number of matriculants for the present year at the medical colleges in this city, we have now the pleasure of saying, on authority, that the University Medical College has a class of four hundred and eleven! This corresponds with our prognostication that a great medical school must soon display itself in the metropolis of the Union, which offers as many facilities for a thorough education in medicine and surgery as Paris or London. We would advise all, however, who may compass the means, to visit Europe, though rather in pursuit of its aggregate influences upon mind and character than of any special medical advantages; but would say to the less favored that they may find in the medical colleges of this city, and in the many charitable institutions which have grown out of the wants of a million of inhabitants, and which are rapidly multiplying, all the opportunities for medical attainments that can be supplied by the metropolitan towns of Europe.

The following is the representation from different parts of the world at the University Medical College:

Maine 6, Vermont 5, Massachusetts 2, Connecticut 6, Rhode Island 1, New York 114, Pennsylvania 18, Virginia 31, New Jersey 14, Maryland 4, North Carolina 53, South Carolina 28, Georgia 28, Alabama 23, Florida 3, Kentucky 5, Tennessee 7, Ohio 3, Texas 1, Illinois 3, Indiana 7, Louisiana 3, Wisconsin 1, Mississippi 16, New Hampshire 3, Washington Territory 1, Missouri 1, Iowa 1, Minnesota 1, California 2, District Columbia 1, West Indies 1, Nova Scotia 1, Canada West 14, New Brunswick 3—411.

NEW YORK ACADEMY OF MEDICINE.

At the meeting on the 7th of December, Dr. Watson, President, in the chair, the annual reports of the officers, Council, and committees were presented, and nominations received for the annual election in January. After incidental business had been disposed of, Dr. J. Mc-Nulty read a paper on the erroneous and defective methods of teach. ing Materia Medica and Therapeutics, which he alleged to be in vogue in most of the colleges of the country; insisting upon a more practical method, illustrating his views by diagrams and specimen lectures, with rhetorical embellishments, by which the dry and dull branches of the subject might be rendered more attractive and interesting. In the discussion which followed an unsuccessful attempt was made to elicit whence the ideal of the paper was drawn, not only, but where such unpractical teachings had been heard. Drs. Reese, J. M. Smith. Stevens, Post, Davis, Van Buren, and others took a part, after which a vote of thanks was given to the writer for introducing the subject, which had elicited an interesting debate. All agreed that improvements in the art of teaching in all the departments were desirable.

WHO IS DR. F. X. D. R. JOURDAN, OF BUFFALO?

Our correspondent may learn by consulting Baillière Brothers, the proprietors of the N. Y. Journal of Medicine, who are the responsible parties, as there appears to be no editor. The Buffalo Morning Express should be sent to those publishers, not to us. Jourdan's article on Intermittents, which they published, should be accompanied by the vile quack advertisement of the author for venereal diseases, of which he is an oracle in Buffalo. No medical journal in the land, except this anomalous concern, could possibly have inserted anything from such a source. But it is understood that anything, from anybody, can find a place in an anonymous journal. Hence we called for some responsibility, but there is none.

OUR "PHILADELPHIA CORRESPONDENT"

Has, it seems, given mortal offence to the *Reporter*, and some of those who write editorials for that print, by a critique in our September number. We learn that in his later communication in our December number he has been equally unfortunate in his remarks upon the introductory lecture of the learned Professor of Practice in the University School.

In both instances the articles were inserted without our reading

them, in reliance upon the discretion of our correspondent. Else we should have taken the liberty of altering or erasing one paragraph in the former case, and in qualifying the disparaging criticism in the latter upon Professor Wood, since we differ with our correspondent toto colo in his own method of dealing with homeopaths. We doubt whether our own frequent reprobations of that phase of quackery are not open to stronger objections than anything said in the lecture of Dr. Wood, and possibly the criticism was meant for us and the GAZETTE. In future we shall take care to read the manuscripts of "Seneca" before their publication, and thus avoid the occasion for disclaimer or regret, either on his part or our own.

BEARDS AND MOUSTACHES.

One medical journal we see proposes that with the view of being professionally recognized under all circumstances by the public, the distinctive characteristic of physicians should be the flowing beard and the cultivated moustache; and thus doctors might be known by the length of their beards. Another journal has the irreverence to suggest that such physicians as seek this peculiar badge of recognition will be easier detected by the length of their ears! A neighbor of ours. who says that his hair grows in the wrong place, viz., upon his face instead of his head, insists that this has been the true mark for distinguished medical men, ever since the days of Paracelsus, who used to boast that his beard contained more learning, and the down upon his bald pate more knowledge, than all the colleges of the land. Now, as the transfer of the razor from the face to the crown can give all the doctors the bald head; and as artificial beards and moustache can be readily obtained, and warranted to stick, a correspondent suggests that all the Faculty may thus become venerable, and in uniform, so as to be known at a glance in a crowd, when their services are required. Vive la bagatelle!

ANOTHER NEW JOURNAL.

The Chicago Medical Examiner, edited by Prof. N. S. Davis and Dr. E. A. Steele, is added to our list of exchanges, its first number for January, 1860, having appeared in advance as a monthly, at \$2 per annum. It has no lack of materials, and will be conducted no doubt with ability, as the senior editor has had ample experience in journalism. It will be the organ of the medical department in Lind

University, to which Dr. Davis has transferred himself, and with an able faculty, opens a new medical school, on the new plan of which a sketch has been given in our columns.

The present number leads off with the Introductory of Prof. Davis on medical education in general, and especially the vindication of the new system of teaching inaugurated there. At this first session there is a class of twenty-six matriculants, viz.: fourteen in the junior, and twelve in the senior, which is regarded by the Faculty and its friends a "very satisfactory beginning."

We shall soon have a medical journal for every medical college, which may be policy, but will not pay.

ASYLUM FOR NERVOUS DISEASES.

This institution, denominated "Spring Hill," and located at Litchfield, Conn., is under the charge of H. W. Buel, M.D., formerly of the N. Y. Hospital, and since the Superintendent of the private Asylum for Lunatics at Flushing, L. I.

From our knowledge of Dr. Buel, and our conviction of the utility of just such an institution as he is conducting at Litchfield, we cordially commend his asylum to the friends of nervous people, who need such a refuge for moral and physical treatment.

DR. M. LEVETT, DENTIST,

Of No. 12 Waverly Place, has devised a peculiar form of atmospheric plate, having separate cells acting upon the alveolar ridge, which many of our patients speak of as admirable and useful for keeping their sets of artificial teeth in so fixed a position that they can eat with them with a comfort and satisfaction hitherto unattainable.

We have no special qualification to judge what degree of novelty there is in this invention of Dr. Levett, but it is new to us, and we have knowledge of his dental plate being worn by such a number of our friends, that at their instance we venture to commend it as highly useful.

Professor Carnochan, of the N. Y. Medical College, has just issued Part 3 of his "Contributions to Operative Surgery and Surgical Pathology," through the Philadelphia house of Lindsay & Blakiston. It is a beautiful quarto, and illustrated by artistic colored drawings. This third volume treats of Congenital Dislocation of the Hip-joint and the Restoration of the entire Upper Lip by Cheiloplastic Operations. When completed, this serial publication will be the most elaborate and splendid work on surgery ever published in this country, and will compare favorably with any publication in Europe. The paper, typography, and plates are unsurpassed.

MISCELLANEOUS ITEMS.

Prof. Chas. A. Lee has resigned his Chair of Materia Medica in the Maine Medical School, and Dr. J. T. Dana has succeeded him.

The Introductory of Prof. James Bryan before the N. Y. Medical College has been published by the class, as it deserved to be, being an able and dignified vindication of the "claims of the medical profession."

Prof. C. K. Winston opened the session of the medical department of the University of Nashville on the 7th of November, Therapeutics being his subject, which will doubtless be printed, for he is highly popular, and an admirable lecturer, having oratorical graces possessed by few. We learn that the class exceeds 400, so that Nashville still holds its position in the West as a great educational centre. Professors Eve and Lindsley returned from their European tour in time for the beginning of the session, so that all the faculty are at their posts of duty.

The Chicago Medical Journal is continued by Prof. Brainard, assisted by Drs. Dyas, Powell, and Inglis. It is ever a welcome exchange, eminently practical and useful. The Rush Medical College is said to have a larger class than usual.

Dr. Silas Johnson, of Selma, Alabama, has been appointed to the Chair of Surgery in the Oglethorpe Medical College, at Savannah, Geo.

A College of Pharmacy has been opened at Chicago, by an Introductory from Prof. Rauch.

The Maine Medical School has accepted a township of land from the State, with the proviso that they will graduate all students without regard to what mode of practice the party is to pursue, or where he studied!

The N. O. Medical News reports the few cases of yellow fever occurring there the present year as undeniably of domestic origin, no semblance of pretext for the idea of importation existing in either of them. Another nut for the contagionists; but how about "fomites?"

Baillière Brothers have published Records of Daily Practice, a scientific visiting list for physicians and surgeons, prepared by Dr. A. N. Bell, of Brooklyn, L. I., N. Y., which will be highly useful to observers.

The Boston Medical and Surgical Journal warmly commends an instrument for the cure of snoring, by keeping the mouth closed, and compelling respiration through the nostrils alone.

The new medical college at Mobile, Ala., has opened with a good! class, and promises well.

Prof. Austin Flint is winning golden opinions among the students at New Orleans, by his admirable clinical teaching. His late work on Diseases of the Heart is highly praised both at home and abroad. His late lecture on the life and labors of Laennec will add to his reputation.

Prof. John C. Dalton's late work on Physiology is receiving even more attention from our European medical savans than at home. We hail these indications of the appreciation of our American medical authors, as proof that a better day of international comity among medical men begins to dawn. In the foreign notices of the late books of Professors Dalton, Flint, Gross, Draper, and others, it can no longer be a mooted question over the water, "Who reads an American book?"

We regret to learn that a fatal endemic of puerperal fever has appeared in Bellevue Hospital. There would seem to be indications of an atmospheric condition in and around New York thus early in the winter, which increases the hazard of parturition. Cases of puerperal convulsions, as well as puerperal fever, are not unfrequent. Many of the former are due to uræmic poisoning of the blood, and are too often fatal. Erysipelas seems to be simultaneously prevailing, and there have been an unusual number of typhoid fever cases. Still, however, the mortality of the city has not attained any formidable magnitude.

Pictures.—The editor of the Medical and Surgical Reporter, having become somewhat distinguished for making picture books, with biographies to match, threatens to get up a picture of himself, done in oil. We beg our friend to forbear, as it was the last straw that broke the camel's back. It were better that he should deposit a lock of his hair in the Academy of Natural Sciences, that in after centuries, when his fame shall come lumbering down the corridors of time, anxious inquirers shall have an opportunity of witnessing the color of those interesting locks that adorned the head of the next to the oldest editor of the United States!—Nashville Med. and Surg. Journal.

Dr. Lewis A. Sayre has operated successfully for vesico-vaginal fistula, by Sims' silver suture, also at Bellevue Hospital.

Prof. Parker has lately tied the subclavian artery for aneurism in the N. Y. Hospital.

Dr. James R. Wood has recently tied the iliac artery at the Bellevue Hospital.

Clinical lectures are in progress at Bellevue, by Drs. Wood, Sayre, Elliot, and others of the medical staff, which are largely attended.

BOOK NOTICES.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Vol. XII. 1859.

This volume has been just issued by the Publication Committee. It is comprised in 722 pages, more than 400 of which are occupied with the elaborate and valuable essay of Professor Joseph Jones, of the Medical College of Georgia, on Malarial Fevers, which cannot fail to attract attention for its originality and practical detail. A report on the medical topography and epidemics of California, by Thomas M. Logan, of Sacramento, accompanied by maps and drawings, will be found instructive and valuable. The plan for uniform registration of births, marriages and deaths, by W. L. Sutton, M.D., of Kentucky, indicates great labor, research and accuracy, abounding in tabular statements of great utility. These are the principal reports, with several smaller ones. The excellent address of the retiring President, Dr. Harvey Lindsley, and the

usual report of the proceedings at Louisville, will be read with interest. Our

copy reached us too late to say more at present.

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Drs. J. M. Watson, T. Powell, Stephenson, Carter, Levett, Blatchford, E. S. Cooper, Brush, Jewett, Horton, N. Allen, H. W. Buel, Richardson, Gindrat, J. R. Wood, F. S. Greene, G. Marvin, Conant, Elliott, Peaslee, Garrish, Oliffe, Mott, Parker, Rannay, Clark, H. Green, Crane, Griswold, Telkampf.

LONG ISLAND COLLEGE HOSPITAL,

AT BROOKLYN, NEW YORK.

The First Course of Lectures in this Institution will commence or Thursday, the 29th of March, 1860, and will continue sixteen weeks.

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The opportunities for Clinical Instruction are equal to those furnished by any College in the Union. College Cliniques will be held regularly throughout the Session. Nearly 10,000 medical and surgical cases have been prescribed for at the College Hospital, which is under the same roof with the Lecture-Rooms, during the last eighteen months. Students can also enjoy the clinical facilities afforded by the large Hospitals and Dispensaries of this City and the City of New York.

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AMERICAN

MEDICAL GAZETTE.

Vol. XI.

FEBRUARY, 1860.

No. 2.

ORIGINAL DEPARTMENT.

ON TIC DOULOUREUX:

"The painful affection of the Face, *Dolor Faciei Crucians*," of Fothergill, with a new operation for its cure.

By J. M. CARNOCHAN, Surgeon-in-Chief to the State Hospital, &c.

[Read before the Medico-Chirurgical College, January 12th, 1860.]

Some months ago I published a paper on Tic Douloureux, or Neuralgia of the Face, and at the same time proposed an operation for the cure of the disease, which, in my opinion, is founded upon the physiological laws which govern the functional manifestations of that part of the nervous system presiding over general sensation, as well as upon certain pathological appearances, which I had found to be present in portions of nervous trunks after their exsection from the I propose this evening to bring before the "College" the views I have heretofore stated in relation to the pathology, seat and treatment of neuralgia of the face, and to describe my latest operation for exsection of the trunk of the second branch of the fifth pair of nerves, as far as the foramen rotundum of the sphenoid bone—an operation which I believe to be an improvement on the one I at first proposed for the exsection of that nerve. Before I proceed, permit me to congratulate myself upon the presence of so large a number of gentlemen, whose knowledge of physiology will insure a close analysis of the remarks which I shall have the honor to make.

Let us for a moment glance at the amount of precise information

which science had afforded on this subject, up to the time I published my paper some few months ago.

It is only within a comparatively recent period that neuralgia of the face has attracted the serious attention of medical authors; or, perhaps, it may be more properly stated that the disease has been surrounded by such obscurity and perplexity, as to have baffled descrip-André, a French surgeon, in 1756, published his researches upon this malady, and gave to it the name of Tic Douloureux. According to this writer, the affection is characterized "par une douleur plus ou moins vive, et par des grimaces hideuses qui mettent un obstacle invincible à la réception des aliments, qui, éloignent le sommeil, interceptent et lient souvent l'usage de la parole: agitations qui, quoique vagues et périodique en elles-même, sont néanmoins si fréquentes, quelles se font sentir plusieurs fois dans un jour, dans une heure, et quelque fois sont sans relâche et se renouvellent à chaque minute." This description, as far as it goes, refers to the disease when it has acquired a high degree of intensity, and coincides with the malady which Fothergill soon after (in 1782) described under the name of "Painful Affection of the Face." The account given by Fothergill is more complete and exact than that of the French surgeon just named, as we may learn from the following extract:

"From imperceptible beginnings, a pain attacks some part or other of the face, or the side of the head; sometimes about the orbit of the eye, sometimes the ossa malarum, sometimes the temporal bones are the parts complained of. The pain comes suddenly, and is excruciating; it lasts but a short time, perhaps a quarter or half a minute, and then goes off; it returns at irregular intervals, sometimes in half an hour, and sometimes there are two or three repetitions in a few minutes.

"The kind of pain is described differently by different persons, as may be reasonably expected; but one sees enough to excite one's compassion, if present during the paroxysm.

"It returns full as often in the day as in the night. Eating will bring it on some persons. Talking, or the least motion of the muscles of the face, affects others; the gentlest touch of a hand or hand-kerchief will sometimes bring on the pain, whilst a strong pressure on the part has no effect."

About the same time that Fothergill's Memoir appeared, Thouret, another French writer, published an article on this subject, in the Mémoires de la Société Royale de Médicine. This writer states that the disease appears to fix itself particularly in certain localities of

predilection: "comme la mâchoire inférieure, le trou mentonnier, le voisinage de l'apophyse mastoide et la région de la joue la plus voisine de l'æil. En général," he adds, le siège le plus ordinaire du mal est sur le côté du nez immediatement au-dessous de l'os de la pommette, à l'endroit ou une branche principale du nerf maxillaire supérieur sort du canal sous-orbitaire."

The authors heretofore alluded to contributed, by their observations, chiefly to the symptomatology of this disease.

Chaussier, guided by his anatomical knowledge, made some steps of advancement in determining the seat of Neuralgia of the Face. In his "Table Synoptique de la Néuralgie," (Paris, an XI,) he makes four principal divisions of Neuralgia of the Face, according as the disease seems to be concentrated upon one or other of the branches of the fifth pair of nerves, or upon the facial nerve proper, itself. Thus, he describes separately frontal neuralgia, infra-orbital neuralgia, maxillary neuralgia; and in a note he admits the existence of neuralgia of the facial nerve. The course of the tri-facial nerve, and its anastomoses, have evidently formed a basis of this classification.

Since the publication of Chaussier, several dissertations and theses have appeared at different times, in which new cases are related, but without the addition of any novel information on the subject.

In 1834, M. F. Bellingeri, of Turin, published a memoir upon Neuralgia of the Face; the chief features of which are his advocacy of an intermittent form of neuralgia, and the theoretical division of neuralgia into three species—the inflammatory, the irritative, and the nervous; the first species being again subdivided into the sanguine, the phlogistic, and the rheumatismal.

In more recent times, (1835-36,) the question has been agitated by M. Bérard, as to the existence of a neuralgia of the facial nerve proper. This physiologist has arrived at the conclusion that the nerves of the fifth pair alone, in the face, can be attacked with this malady. Upon the other hand, in a later publication, M. Jobert de Lamballe supports an entirely different opinion, and maintains that all the nerves of the face are liable to be attacked by neuralgia. In regard to this last point of discussion, we are aided in arriving at a correct conclusion by anatomical facts, as well as by the morbid phenomena which are frequently exhibited in neuralgia of the face. The portio-dura, or facial nerve, is undoubtedly a nerve purely of motion, at its origin; but, before it emanates from the stylo-mastoid foramen, it has been joined by a sensitive branch from the ganglion of Meckel. Physiologically, after this junction, the facial nerve must be a mixed nerve.

and must be sentient to impressions, both normal and abnormal. In fact, I consider that the facial nerve is not only the seat of neuralgia at times, but that it is frequently the conductor of neuralgic phenomena, and morbid sensibility, to the nervous periphery of the face,
when the true seat of the disease is located on the trunk of the second
branch of the fifth pair. I make this statement, partly from observation, and partly from the consideration of the law which regulates the
propagation of nervous sensibility, viz., that the sensation is referred
to the periphery of a nerve, or to its extreme branches, when the
trunk is the seat of irritation or disease. A simple illustration of this
is found in the effects which follow a blow impinging upon the ulnar
nerve at the elbow. It is well known that the impression imparted
to the trunk is conducted to the ultimate distribution of the nerve,
and that the sensation is referred to the little finger, and to the ulnar
border of the ring finger.

By reference to the history of this disease, we find that notwithstanding its formidable character, and the numerous attempts made to unravel its pathology, science has not been as much enriched as might be supposed, with facts observed with care and precision. With the exception of the discoveries of Charles Bell, and others, in relation to the functions of the nerves, which are implicated in Neuralgia of the Face, and some vague and unsatisfactory therapeutic experiments, we have made but little advancement in regard to the nature and management of this disease, since the time of Fothergill.

As yet authors differ concerning the anatomical lesions which should be considered as characteristic of Neuralgia of the Face. Some deny that any are to be found in those cases where the signs of the disease have been indicated in an incontestable manner; and one of the latest writers expresses himself in the following indefinite language: "La neuralgie tri-faciale doit être considérée comme une lesion de fonction done nous ignorons entièrement la cause organique."

Again, the seat of the disease has been referred to distant irritations, especially in the splanchnic cavities—to a foreign body acting upon the nerve—to the pressure of bone upon some portion of the nervous trunks. By some authorities, it is referred to increased vascularity and thickening of the nerves; while Astley Cooper, on the contrary, states, that the nerves present their natural color, and are rather diminished in size than enlarged.

The medical treatment, although embracing a vast number of therapeutic agents, is most frequently unavailing; and it is well known

that the surgical treatment, consisting principally of topical applications, and the division on the face of the branches of the fifth pair, at their exit from their respective foramina, is, for the most part, utterly useless in affording relief, or at best affords but very temporary benefit. The medical inquirer, then, has no reason to be satisfied with the observations heretofore made, but, on the contrary, is justified and urged in bringing under scientific scrutiny such new facts as may assist in unveiling still further the mysteries which envelop this most painful malady.

In Part Two of my "Contributions to Operative Surgery and Surgical Pathology," I have described a case of Neuralgia of the Face, certainly the most remarkable on record for its severity and protracted course, and for the number of operations which were performed on the patient. The facts which were developed during the different stages of the treatment led me to project an operation for the cure of aggravated Tic Douloureux. It had for its object the exsection of the trunk of the second branch of the fifth pair, beyond the ganglion of Meckel; at the same time removing that ganglion, or insulating it with its branches from the encephalon. Experience, however, has since convinced me that it is not adequate to effect the removal of the whole trunk, as far as the base of the skull, with the same certainty and safety from hæmorrhage as that which I now adopt.

The following is the history of the case, and here standing before you is the patient himself, finally cured by an operation, which will hereafter be described. [The patient was presented, and examined by the members present.]

Case.—J. C. Forbes, aged 47, a citizen of Hoboken, New Jersey, married, of nervo-bilious temperament, by occupation a master carpenter, applied to me for advice in the month of August, 1855. He had, with the exception of his neuralgic affection, always enjoyed good health, and had no special taint of the system.

He stated that he observed the first signs of this disease in May, 1849. At that time, while passing a handkerchief across the upper lip and end of the nose, he perceived a sharp, poignant, lancinating pain, shooting from near the middle of the upper lip, on the left side, along the furrow at the junction of the nose and cheek, up to the inner angle of the eye of the same side, and passing deeper through the bone of the cheek, in the direction of the spheno-maxillary fissure. The same pain was started when the upper lip was touched with the tip of the tongue, or when making an effort to swallow. These symptoms, assuming a paroxysmal character with irregular intermissions,

continued unabated until the autumn of the same year, when they entirely disappeared.

In the spring of 1850, the attack was renewed, commencing as it had done the previous year, and gradually becoming more painful. It was supposed by some that the trouble might originate from disease of the teeth; and, by the advice of a dentist, all the teeth were extracted, except a small stump on the right side of the lower jaw. This proceeding gave no relief; the disease increased in severity; the paroxysms of pain became more frequent, and almost intolerable, extending over the entire left cheek.

From that time (June, 1850) until February, 1852, the patient continued under medical treatment; he gave up his business, and sedulously tried the most approved prescriptions; but in vain.

Finding no relief from the use of internal remedies as advised by skillful physicians, he consulted a hospital surgeon of eminence, in this city, with the view of having an operation performed, if deemed expedient. An operation was advised, and performed (February, 1852) by dissecting, from the interior of the mouth, without external incision, the entire cheek from the superior maxillary bone; the separation of the tissues extending across from the nose to the prominence of the malar bone, and vertically, from the alveolar border, as high as the margin of the left orbit. A considerable quantity of blood flowed while the incisions were being made. Much relief followed this operation, and the paroxysms seemed to be kept at bay for a period of about seven months.

The following November, the disease returned with its wonted severity, and the patient was again put under medical treatment, using chiefly large doses of quinine. In the latter part of December, 1852, the paroxysms became so aggravated and intolerable, that the patient again entreated the same surgeon to perform another operation. This was accordingly done by making a V incision below the margin of the orbit, and dissecting the flap upward, so as to expose the infraorbital foramen. The nerve was then divided at its exit upon the cheek. The patient was again relieved, until the autumn of 1853, when the pain returned, with severer manifestations than before. The patient was again put under medical treatment, galvanism being added, without any advantage, to the long list of therapeutic means previously resorted to.

In January, 1854, a Professor of Surgery, of some eminence in this city, was consulted, and performed the same operation as that last de-

scribed; but besides the incisions for dividing the nerve, he cauterized with a red-hot iron the divided surface of the nerve, at the infra-orbital foramen. Relief was again obtained until August of the same year. During that month the paroxysms reappeared with their previous intensity, and another operation of a similar character was performed in September, by another surgeon, also of this city; but without any good result.

In October of the same year, (1854,) harassed, despondent, and worn out with the accumulated violence of his sufferings, the patient consulted my celebrated friend, Professor Mott. With the hope of affording relief, the tissues of the cheek were freely divided by subcutaneous incision, once in October, and again in November, by that distinguished surgeon. Very slight amelioration of the pain was effected by these operations, and on the 8th of January, 1855, Professor Mott performed his third operation, by making a V incision on the cheek, in the same manner as had been previously done, and dividing again the nerve at the infra-orbital foramen.

These numerous operations, although lulling the terrible suffering for a time, left no lasting impression on the disease. For nearly five months a partial mitigation of the symptoms followed Dr. Mott's last operation, but in June, 1855, the pain set in afresh with its accustomed violence; and the patient, unable to attend to business, his means exhausted, his strong frame shattered with prolonged and intense agony, and his mind paralyzed with despair, took refuge in the New York City Hospital. There he remained in the medical department, under the care of the physicians of that institution, until the month of August, 1855, when he took his discharge; having received no benefit from the treatment prescribed.

It was at this stage of the malady that the patient came under my notice. A few days after he left the hospital, he was brought by some of his friends to consult me, in a condition bordering on delirium; wild, and almost mad, as he himself stated, with the intensity of his sufferings. He most piteously besought me to perform some operation for him, different from those previously tried; protesting that he was utterly regardless of any danger that might be incurred, or of the extent or character of the mutilation which might result.

After hearing a recital of the various operations to which he had been subjected, and seeing, from his condition, that nothing really useful had been accomplished, it seemed to me futile and hopeless to recommend an operation which could consist of the division simply of the nerve. As the catalogue of medicines of most repute in neuralgia had been exhausted unavailingly, it was useless to repeat them, and ordering, for the moment, a strong dose of muriate of morphine internally, and an ointment composed of the extracts of belladonna, hyoscyamus, and stramonium, with a small proportion of veratria, I undertook to perform on him, the following day, the operation of exsecting a piece of the trunk of the infra-orbital nerve.

The condition of the patient, after his return home from the hospital until he came to me for advice, was truly appalling, and enlisted the sympathies even of strangers. He could neither rest, sleep, eat, drink, nor talk, without the occurrence of paroxysms of the most violent character. He would start from his couch with the wildness of a lunatic, and would throw himself on the floor, screaming and howling from the intensity of his agony. At times, his suffering would overcome his moral courage, great as that was, and he would threaten self-destruction. The slightest impressions on the external surface of the face, especially on the upper lip or cheek, or upon the mucous lining of the mouth, pharynx, or nose, would bring on, most commonly, paroxysms of the most aggravated description. The intermissions between the paroxysms, during the exacerbations or attacks of the disease, were variable; sometimes lasting half an hour or more, sometimes a few minutes, and at others only some seconds.

On the 31st of August, 1855, I performed the following operation He was seated on a chair in a good light, and the assistants being properly arranged, he was put under the full influence of chloroform. A V-shaped incision was made, the base towards the margin of the orbit, and embracing the infra-orbital foramen. thus formed was dissected upward to the margin of the orbit, and the dissection was extended still further, so as to expose half an inch of the osseous floor of the orbit. There was some difficulty in finding the foramen, and in insulating the nerve, owing to the matting of the tissues, as well as to the extensive and hard cicatrices, resulting from the previous operations, performed at the same point. The nerve, at its exit from the foramen, being found with the hammer and chisel, a portion of bone was detached from the margin of the orbit, so as to remove the upper semicircumference of the foramen infra-orbitale. Another piece of bone was now easily removed from the anterior part of the infra-orbital canal, and a portion of the trunk of the nerve was thus exposed. The nerve was easily detached from the canal at this

part, and about a quarter of an inch of its trunk was exsected rapidly with the scissors.

Although chloroform was very freely administered, it was found almost impossible to keep up the anæsthetic influence sufficiently to annul the pain. While apparently insensible, when the nerve was touched with the instruments he would start violently, uttering a fearful shriek, and would become almost immediately perfectly conscious.

This operation by excision effected a greater degree of immunity from the severe symptoms than had been afforded by the mere division or incision of the nerve. Up to this period, from the time of the first attack, the patient had not been able to eat or drink without starting the severe pain in the face; the neuralgic paroxysms now, however, were not incited by the act of swallowing. In fact, the relief was immediate, and the disease seemed to be cured.

This relief from suffering was not of long duration. In February. 1856, the paroxysms were again renewed with as much intensity as ever, and the patient again demanded another operation. His condition was one of desperation, and justified a resort to any means which held out the slightest probability of success. I proposed to him, explaining the nature of the operation, to lay open his face, trepan the antrum maxillare, separate the trunk of the second branch of the fifth pair from its connections, as far as the posterior part of the antrum, and then to exsect a still larger portion of the nervous trunk. eager and ready assent was given to this suggestion, and on the 21st of February, 1856, I accomplished the operation in the following manner: An incision was made, commencing opposite the lower border of the left orbit, below the inner angle of the eye, and carried downward and outward, so as to terminate at a point about half an inch below the infra-orbital foramen; another incision, beginning at the lower border of the orbit, and below the outer angle of the eye, was made so as to join the lower extremity of the first. At the junction of these two incisions, a sharp-pointed straight bistoury was now thrust through the cheek, and the upper lip divided entirely, midway between the median line and the labial commissure. The V-shaped flap, first made, was dissected upward, and the other flaps were thrown inward, towards the nose, and externally over the malar bone. The fore part of the antrum maxillare and lower margin of the orbit were thus freely exposed. The situation of the foramen infra-orbital was easily ascertained, and the crown of a trephine, three-quarters of an inch in diameter, was applied upon the anterior wall of the antrum; the trephine grazing the lower border of the foramen. A portion of bone was thus removed, so as to expose the cavity of the antrum. The membrane lining this cavity was found to be thick and velvety, and to present a dark maroon color. The anterior portion of the trunk of the nerve was sought for and found. With a hammer and delicate chisel the infra-orbital canal was laid open, and the nerve detached from its bony wall, as far backward as the posterior wall of the antrum. The operation was finished by exsecting, by a rapid movement of the scissors, to the extent of about an inch, the nervous trunk thus laid bare and exposed. A pledget of dry lint was placed in the antrum, and the various incisions brought together by means of the Carlsbad pins as sutures.

Notwithstanding the complete anæsthesia under which the patient was kept, he would frequently, when the trunk of the nerve was touched with the forceps or chisel, jump from the chair, as if struck by a powerful shock of electricity.

After this operation the unfavorable symptoms again disappeared, and the patient flattered himself that a cure had been effected. The paroxysms, with the exception of an occasional *tic*, abated, and he had such confidence in his recovery, that he accepted an offer to visit Panama, New Granada, to engage again in business.

On the 20th September, 1856, he left the United States, and arrived at the Isthmus of Panama during the following month. Six months were passed there without any annoyance from the disease. In the month of March, 1857, after exposure to cold, and sleeping in a damp atmosphere, the pain again appeared with much severity. It now seemed to commence from a point in the upper maxilla, opposite the alveolar border, where the first incisor tooth had been extracted, and to dart backward with great acuteness towards the spheno-maxillary fossa. The paroxysms of pain were as severe, although not so diffused, as those by which the disease was ushered in.

Forbes was again forced to relinquish his business, and sailed for New York City, where he arrived in the latter part of April, 1857. He paid me a visit, and related to me the story of his recent attack, with an air and expression of utter despondency. In fact, he was again laboring under all the symptoms of Tic Douloureux.

On the 20th of April, at his earnest request, I performed another operation on him. This consisted in dissecting back the tissues of the cheek, and exposing the antrum maxillare. By the use of Lüer's

bone-cutters, I cut away the outer and lateral wall of the antrum, as low down as the alveolar margin of the bone, so as to destroy the loop of nerves which results from the anastomoses between the branches of the posterior and anterior dental nerves. This operation (the tenth) was of very little avail.

During the following three months he resorted to the free use of narcotics, for the purpose of annulling the pain. In September, 1857, Forbes again entreated me to do something for his relief, and I dissected the cheek from the bone, by dividing the cicatrices which had been recently formed. This afforded temporary relief, resulting probably from the local depletion.

The cheek and left upper lip were now insensible to the touch, and the spasms were aroused by eating or swallowing; or they occurred spontaneously. The pain was referred, chiefly, to the upper maxillary bone, commencing at the point where the two left incisors had been extracted, and darting backward in different directions, towards the base of the skull. A few days only of partial relief followed, when the pains were renewed with such severity, that Forbes again besought another attempt to procure some amelioration of his suffering.

From the failure of the operation by which about an inch of the trunk of the second branch of the fifth pair of nerves had been removed, it occurred to me that the portion of the trunk which was left must be still in a diseased condition, and that the train of neuralgic phenomena which were manifested, was to be referred to the peripheric ramifications, emanating from the ganglion of Meckel, and also to those branches which emanated from the small portion of the trunk of the nerve still remaining in front of the foramen rotundum.

As Forbes' case at this time presented itself, I was unwilling to cut down again through the cheek, and seek for the remaining stump of the nerve, in order to exsect this as well as the ganglion of Meckel. With a faint hope of mitigating the disease, on the 2d of October, 1857, I again laid bare the antrum, and the bones of the cheek, by making through the soft parts of the cheek, and through the lip, the same incisions which had been made in my second operation for exsection of a portion of the trunk. With Lüer's bone forceps I then cut away the remaining portion of the anterior and lateral portions of the antrum, with a part of the posterior wall of this cavity; removing a part of the alveolar border of the upper maxilla, so as to encroach partially upon the vault of the mouth; while towards the nose, the portion of bone opposite the two left incisors was removed.

as well as a considerable portion of the ascending process of the superior maxilla. By this operation it was intended to destroy still further the several nervous branches running through the texture of the bones of the face, on the affected side. A dossil of lint was laid in the cavity of the wound, and the lips of the incisions brought together by the twisted suture. The wound healed, but a free communication remained from the mouth with the antrum, between the cheek and the edge of the vault of the mouth.

As before, a cessation of the symptoms followed the operation. But the paroxysms returned in a few weeks, with tempered severity, however, and at longer intervals. When the pain did not start as if spontaneously, impressions made upon the nasal, buccal, or pharyngeal mucous membrane, appeared to be the exciting or immediate source of the paroxysms. It is upon those surfaces that the peripheric extremities of the branches, which take their origin from the ganglion of Meckel, are distributed. In order, therefore, to change the sensibility of the mucous surface, I began to cauterize freely, upon alternate days, the mouth and pharynx, as well as the antrum and cavity of the nostril, with a strong solution of nitrate of silver, by injecting the solution into the antrum from the mouth, through the communicating passage now existing. By these means, and the occasional use of narcotics, the patient obtained very great relief.

In addition to the action of the nitrate of silver upon the mucous surfaces just mentioned, on the 3d of January, 1858, a seton was introduced into the back of the neck, on the left of the mesial line, for the purpose of maintaining a continued revulsive influence in proximity to the fifth pair of nerves. From this time, also, ten grains of quinine were daily administered internally. During the twelve months following the last operation, (October, 1857,) Forbes had comparative immunity from his disease; occasionally, however, he would be attacked with sharp paroxysms of pain suddenly passing through the left side of the face. He had also returned partially to his business, and ate, drank, and slept with tolerable comfort.

This respite from suffering was interrupted on the 15th October, 1858, when he had, after exposure to cold, some severe and sharp paroxysms. These were excited principally by the act of swallowing either fluid or solid articles of food. After continuing for two days, the paroxysms ceased under the influence of a cataplasm of stramonium leaves, and the tincture of aconite administered internally. At the date of November 4th, 1858, he was so well that he was about

to resume his business, and on the preceding Tuesday he went to the poles to deposit his vote as an elector.

Notwithstanding his ameliorated condition, it could not be said that this patient was cured. It was not improbable that he would be liable at times to be attacked with paroxysms of his disease.

As was partly expected, Forbes was again attacked with the disease, and with such severity that, in June, 1859, he called upon me and insisted upon being subjected to another operation. By this time, from repeated operations, I had come to the conclusion that the only effectual treatment was the exsection of the portion of the trunk still remaining in front of the foramen rotundum, in immediate connection with the ganglion of Meckel; thus insulating that ganglion and its branches from the encephalon. In accordance with this view, the remaining stump of the trunk was exsected, close to the foramen rotundum. The result was satisfactory, and continues to be so.

I shall now proceed to offer some general considerations. The Douloureux of the face, proper, or of the second branch of the fifth pair of nerves, is by far the most common form of facial neuralgia. This may be explained by the more numerous branches which are given off by this trunk, and by the position which these branches occupy—in some places, pent up in osseous canals, and in others, subjected to exposure, to changes in temperature, as well as to the agency of morbific influences, from which the other two trunks of the fifth pair are exempt.

I believe that the phenomena of this neuralgia can be explained with as much precision as in any other disease which is well understood. In cases of the most aggravated form, whatever may have been the original exciting cause, I have no doubt that the real seat of the disease is in the trunk of the nerve, in front of the Gasserian ganglion-in some part of it, or in the whole of it. The causes of the disturbed and changed condition of the trunks of the nerve may be numerous-prolonged irritation upon the periphery-exposure-injuries-tumorsdiseases of the teeth-pressure resulting from periosteal or osteal thickening of the osseous foramina or canals-sudden suppression of any of the important secretions, as of the catamenial discharge. From one or more of these causes the trunk itself may be primarily affected. or, acting upon its ramifications, the irritation may be propagated to Prolonged irritation induces inflammation, and this generally remains passive or chronic. Some of the terminations of inflammationsuch as the effusion of lymph among the interstices of the neurilemma or the nervous tissue itself—may become developed; leading to a vascular, engorged, thickened and enlarged condition of the nerve, or to a softening of it, at one or more points. In fact, vascular engorgement, or inflammation, with some of its consequences, of the neurilemma alone, or of it and the nerve together, by whatever cause produced, is the condition which constitutes the pathological changes in the trunk.

In all cases where I have performed exsection, the nerve was found to be red, vascular, engorged, and considerably enlarged.

The diffused character of the pain can be easily understood, if we take into consideration the numerous ramifications of the second branch of the fifth pair, and the extensive surface over which their ultimate filaments are distributed. The periphery of the nerve occupies not only the superficial parts of the face, but extends deep amongst the bones of the upper jaw, to the nasal fossæ, to the septum nasi, to the hard and soft palate, to the pharynx, to the inner ear, to the orbit, and to the temporal and malar regions.

It is well established, that if the trunk of a nerve be irritated along its course, the painful sensation will be referred to its periphery. If the ulnar nerve, for example, be struck where it passes behind the internal condyle, a sensation of pain is excited, which is referred to the little finger, and to the ulnar border of the ring finger; and if a prolonged irritation be kept up at this point, the skin of these fingers becomes tender to the touch, the sensibility being very much increased. The pain which is felt at the knee, in morbus coxarius, also illustrates this law. "The obturator nerve," Sir Charles Bell remarks, "passes through the thyroid foramen, down to the hip-joint, and, after supplying the muscles, is distributed upon the inner part of the knee. The nerve in its course is thus involved in the inflammation which affects the hip-joint, and the pain is referred to its extreme cutaneous branches, at a part distant from the seat of the disease.

It is by this principle—which governs the action of the stimuli upon the nerves of sensation—in connection with the anatomical distribution of the nervous ramifications, that numerous phenomena of neuralgia can be explained. The disease being seated in the trunk of the nerve, we can readily understand that the pain must be referred to the peripheric extremities of the nerves, and will there be felt as long as the branches are in communication with the encephalon.

From these views we can see how futile the operation of division of the nerve at the foramen infra-orbitale must be. Where the trunk of the nerve is extensively diseased, no operation can rationally lead to a successful result, unless all the branches emanating from the trunk are cut off from communication with the brain.

I believe that in all aggravated cases of neuralgia, of the second branch of the fifth pair, the key of the operation is the removal of the ganglion of Meckel, or its insulation from the encephalon.

We can account for the return of the neuralgic pain, after exsection of a large part of the nervous trunk, by the induction, that some portion of the remaining nerve becomes again attacked by disease. It is well known that, although the periphery of a nerve may be removed, yet, when the stump of the nerve is the seat of irritation, the person feels the pain at the locality of the former periphery. In this manner I account for the frequent return in Forbes' case of the neuralgic pain. The ganglion of Meckel, also, if left unremoved or not insulated, continues to provide, to a great extent, nervous ramifications, which will still maintain and keep up the diversified neuralgic pains. Besides, the ganglion of Meckel, being composed of gray matter, must play an important part as a generator of nervous power, of which, like a galvanic battery, it affords a continual supply; while the branches of the ganglion, under the influence of the diseased trunk, serve as conductors of the accumulated morbid nervous sensibility.

The bones of the cranium are liable to expansion, or thickening of their texture, from inflammatory action, most commonly dependent upon some constitutional taint. If the os sphenoides happened to be the seat of such disease, one or more of the foramina for the transmission of the nervous trunks might become very much contracted. A question might arise as to the effect of compression, from this cause, on the trunk of the second branch of the fifth pair, at the point where it is surrounded by the osseous sides of the foramen rotundum. what has heretofore been stated, in relation to the law which governs the transmission of morbid sensibility along the trunk and branches of a nerve, subjected to an irritating cause, we should infer the supervention of neuralgia of the face, of the most severe character. case, the operation of exsection of the trunk of the nerve, beyond the ganglion of Meckel, offers the best hope for relief; for, besides the removal of the trunk of the nerve, thus far, direct local depletion is obtained at the reat of the irritation; and, moreover, the portion of the nerve, placed in the foramen, will, most probably, become atrophied or diminished.

Pathological records corroborate the opinion which locates the seat of facial neuralgia on the nervous branches or trunks, after they have emerged from the ganglion of Gasser.

After the section of the fifth pair of nerves, within the cranium, it is a well-established fact that the general sensibility is annulled in the superficial and deep parts of the face; and that the functions of the organs of special sense are disturbed. From this physiological fact, we arrive at the important diagnostic conclusion, that disease, involving the trunk of the fifth pair, and the ganglion of Gasser, so as to compromise its connections with the grand sympathetic, must be attended with pathological manifestations in the external organs of sense; the most remarkable of which are observed in the globe of the eye.

Cases illustrating this statement—important also in regard to the prognosis—are related by Herbert Mayo, Abercrombie, and others. The following case, published by M. Serres, (Anatom. Comp. du Cerveau, etc.,) is to the point: "A droite, l'insensibilité de la conjonctive était telle qu'on pouvait passer entre les paupières et le globe de l'œil les barbes d'une plume sans que le malade s'en aperçût; il-y-avait immobilité complète du globe de l'œil et de ses dépendances; la narine droite était également insensible à l'introduction d'un corps étranger: toutefois l'odorat n'avait pas complètement disparu. malade ne recevait aucune impression de l'application du sulfate de quinine sur la moitié droite de sa langue. Les gencives du même côté étaient molles, fongueses, noirâtres, détachées des os. Il-y-avait eu successivement inflammation de l'œil droit, coarctation de la pupille, opacité de la cornée et enfin perte de la vue. L'ouïe était diminuée à droite quelques jours avant la mort. A l'ouverture du cadavre, on trouva la cinquième paire ramollie à son origine, jaunâtre et presque gélatiniforme. Cette altération s'enfonçait à une ligne ou deux dans la protubérance annulaire. Le ganglion de Gasser, de ce côté était d'une ligne et demie plus large que du côté sain; il était jaunâtre. Quant à la petite racine du trijumeau, elle était intacte."

I shall now describe the operation I have recently adopted for the purpose of exsecting the trunk of the nerve beyond the ganglion of Meckel, as far as the foramen rotundum; first recalling, that my first operation consisted in opening the antrum Highmorianum in front, with the crown of a trephine, and dissecting the nerve from before backward, towards the spheno-maxillary fossa.

Operation.—The trunk of the second branch of the fifth pair extends from the anterior part of the Gasserian ganglion to the place of its emergence, at the foramen infra-orbitale. It does not follow a direct line from before backward, in its course, but forms a curve, the concavity of which looks towards the mesial line. It may be divided in four parts, viz.: 1st. That between the ganglion of Gasser and the posterior orifice of the foramen rotundum; 2d. That embraced by the circumference of the foramen; 3d. That which passes through the spheno-maxillary fossa; and 4th. That which courses along the infra-orbital canal to emerge from the infra-orbital foramen.

The patient is laid upon the operating-table, and complete anæsthesia effected by the administration of chloroform. The head, placed upon the sound side, and resting upon a solid cushion, with the face turned towards the operator, is supported firmly in this position, by an assistant detailed for this purpose. The other assistants are properly arranged, and the instruments, consisting of a small trephine, bistouries of various shapes, artery forceps, tenacula, bone forceps, the bone forceps of Lüer, several small chisels, and a mallet, and other resecting instruments, are placed so as to be of easy access to the hand.

An incision is made, commencing opposite the spheno-maxillary fossa, upon the middle of the zygomatic arch, and extending forward and slightly downward, to a point a little below the foramen infra-orbitale. From the anterior extremity of this another incision is made downward, so as to divide entirely the tissues of the cheek and lip, midway between the median line and the commissure of the mouth. The soft tissues are now freely dissected from the malar and super-maxillary bones, and the nerve sought for as it emanates from the foramen infra-This found, it is isolated from the other tissues, and the foramen and lower border of the orbit are completely exposed. crown of a small trephine is then applied immediately below the infraorbital foramen, and the antrum opened by removal of a portion of its anterior wall. This accomplished, with the chisel and Lüer's forceps, the lower part of the malar, and the outer portion of the superior mallary bone connected with it, are removed as high upward as a line running horizontally forward, on a level with the lower border of the zygoma. The outer wall of the antrum is made bare of soft tissue, and with the bone forceps this wall is removed. The cavity of the antrum being now freely exposed, the nerve is detached from its upper wall from before backward, breaking down the wall of the infra-orbital

canal, and carefully avoiding, at the same time, encroachment upon the soft tissues of the orbit.

It now remains to detach the portion of the nerve passing through the spheno-maxillary fossa with the ganglion of Meckel. stage of the dissection, the lower jaw must be held firmly and depress-The tissues lying upon the posterior wall of the ed by an assistant. antrum are separated from this part, and pushed backward by the finger and the handle of a scalpel. The spheno-maxillary fossa is now exposed, and the internal maxillary artery is seen sending off several branches, and is close related with the nerve. It is very necessary to avoid wounding this artery. By this time the trunk of the nerve is extensively detached, and it can be pulled downward so as to facilitate its isolation from the other tissues. The foramen rotundum must now be sought for. Its position can easily be ascertained by tracing with the finger the anterior border of the external pterygoid plate upward to its junction with the angle formed by the body and the great ala of the sphenoid bone. Proceeding inward from the upper part of this angle, for about two lines, the foramen rotundum is reached. With a blunt hook, such as is used in strabismus, the nerve is still further detached where it emerges from the foramen. Gentle traction is now used upon the trunk thus isolated, and grazing the surface of the sphenoid bone, with delicate blunt-pointed curved scissors, the nerve is severed at the base of the skull. The ganglion of Meckel can now be removed, or the branches descending to form it, not cut, can be divided.

In the early steps of the operation the bleeding is considerable, and the vessels must be at once secured. A pledget of lint is laid in the wound, and the lips of the incisions are brought together by points of the twisted suture.

In Forbes' case, the same external incisions were made as described in the operation just described. The stump of the nerve, remaining between the posterior part of the infra-orbital canal and the foramen rotundum, was sought for and found. It was then isolated from the surrounding tissues, and divided at the point of emergence from the foramen rotundum.

In conclusion, I embody my views in relation to aggravated neuralgia of the face in the following propositions:

I. That the second branch of the fifth pair, extending from the ganglion of Gasser to the foramen infra-orbitale, has two peripheries: one, formed by the terminal branches of the trunk, given off along its

course, to the superficial parts of the face; the other, by the terminal branches emanating from the ganglion of Meckel.

- II. That in cases of severe tic douloureux—the dolor crucians facier of Fothergill—the seat of the disease is in a portion of the trunk of the nerve, or in the entire trunk, between the ganglion of Gasser and the foramen infra-orbitale, including that part embraced by the foramen.
- III. That the trunk of the nerve being injured or diseased, pain is felt at its periphery, as well as in the part morbidly affected.
- IV. That impressions, acting upon the periphery of the nervous trunk, will be reflected upon the trunk, and give rise to paroxysms of neuralgic pain.
- V. That the ganglion of Gasser, or the common trunk of the fifth pair, cannot be the seat of the disease, because experiments upon living animals, and pathological facts derived from post-mortem examination, demonstrate that, when this ganglion and the trunk of the fifth pair are destroyed or injured, the eye of the corresponding side becomes destroyed from defective nutrition, and also that the other organs of special sense manifest symptoms of functional disturbance.
- VI. That the encephalic strands of the fifth pair, on the cerebral side of the common trunk, cannot be the seat of the disease; as in such condition of the brain there would be symptoms denoting cerebral disturbance or disease, which never exist in tic douloureux.
- VII. That division of the nerve externally to the foramen infraorbitale, or anterior to the diseased portion of the trunk, will not effect a cure: because the point of disease being still left, the morbid sensibility is referred to the locality of the periphery, although that has been removed, or insulated.
- VIII. That when only a portion of the trunk of the nerve is removed, anterior to the ganglion of Meckel, the remaining portion may become affected with the disease, and the symptoms be renewed with the same severity as before the operation.
- IX. That the only operation which will cure the disease is the exsection of the trunk of the nerve on the cerebral side of the ganglion of Meckel; because, 1st, the diseased part will thus be removed; 2d, because the two peripheries of the nerve must thus be insulated from the encephalon; 3d, because the influence of the ganglion of Meckel, in supplying morbid nervous sensibility, is destroyed; 4th, because the sensibility of the two peripheries of the nerve is obliterated, and consequently external impressions cannot be reflected or transmitted.

X. That there is a possibility of the neuralgia returning for a time, even after the exsection of the trunk beyond the ganglion of Meckel, from disease attacking the small portion of the nerve still remaining in front of the ganglion of Gasser, or from pressure upon it, resulting from osteitis and contraction of the foramen rotundum; the pain being referred, as already explained, to the original seat of the periphery.

XI. That in such a case, however, the stump of the nerve, whether diseased or compressed by the circumference of the foramen rotundum, would be placed under circumstances leading to atrophy or resolution; and that the disease, existing for a short time from such causes, would eventually subside.

XII. That the three trunks of the fifth or trifacial nerve, emanating from the ganglion of Gasser, and supplying in their aggregate the general sensibility to the face, when affected by neuralgia, are to be subjected, alike, to the same rules in regard to the etiology, pathology, and treatment.

[We are indebted to Prof. Geo. T. Elliott, of the College of Physicians and Surgeons of this city, for an early copy of the following article, the proof-sheets of which, from the forthcoming number of the Edinburgh Medical Journal, have been transmitted to bim by Professor Simpson himself, together with another copy for the N. Y. Academy of Medicine. It is a surgical novelty, which promises to be of inestimable value, and we take great pleasure in promptly placing it before the profession. Should experience confirm it, which we see no reason to doubt, it will work a revolution in the whole art and practice of surgery, and add another laurel to the crown of Professor Simpson, who has already been a public benefactor by his contributions to science and humanity.]

ACUPRESSURE:

A New Method of Arresting Surgical Hæmorrhage.

By J. Y. SIMPSON, M.D., F.R.S.E.,

Professor of Medicine and Midwifery in the University of Edinburgh, etc., etc.
[From the Edinburgh Medical Journal, January, 1860.]

At the first winter meeting of the Royal Society of Edinburgh, held on Monday, the 19th December, 1859, Professor Simpson made a lengthened communication on Acupressure, as a new mode of arresting surgical hæmorrhage. After describing the various methods

of stanching hæmorrhage in surgical wounds and operations, which the Greek, Roman, Arabic, and Mediæval surgeons employed, he gave a short history of the introduction of the ligature of arteries, and spoke of it as—with the occasional exception of torsion for the smallest arteries—the hæmostatic means almost universally employed in chirurgical practice at the present day. But he thought that surgery must advance forward a step farther than the ligature of arteries, particularly if surgeons expected—as seemed to be their unanimous desire—to close their operative wounds by the immediate union or primary adhesion of their sides or walls.

To enforce this point, Dr. Simpson recapitulated the arguments which he has already adduced on the same topic in this Journal, (see Edinburgh Medical Journal for December, 1858, p. 547;) urging that since we now know that in obstetric surgery we can, with metallic sutures, produce, with great frequency and certainty, complete union by the first intention of the vivified lips of a vesico-vaginal fistula, (and that, too, in despite of urine, the most irritating fluid in the body, constantly bathing one side of the wound,) surgeons ought to heal their common surgical wounds by primary adhesion also, provided there were no counteracting circumstances to prevent this desirable result. Yet the complete and entire union by the first intention of surgical wounds left by the removal of a limb, mamma, tumor, etc., was confessedly not very frequently seen in surgical practice. The Ligatures, by their presence around the cut arteries of the wound, formed the counteracting circumstances or agents, which prevented the primary union of the sides of the wound. They produced this effect in two ways. 1st, They acted themselves as foreign bodies in the depths of the wound; and when composed of silk or organic matter, they rapidly swelled with imbibed animal fluids. which soon decomposed, and thus rendered each ligature thread liable to act like an irritating seton. 2dly, They counteracted immediate union or primary inflammatory adhesion in another way, viz., they always set up in the ligatured points and ends of the tied arteries higher stages of inflammation than the adhesive-stages that were indeed destructive of adhesion; for every ligatured artery, at the point of deligation, has its two inner coats mechanically torn and divided by the ligature, and before it escapes from its hold on the arterial tube the ligature requires to eat through the remaining bruised and strangled coat by the processes of ulceration, suppuration, and mortification. If two, three, or more arteries are tied in

any wound, then there are consequently two, three, or more points in that wound, in each of which there is going on simultaneously an action of ulceration, of suppuration, and of gangrene. Under such circumstances, complete healing of the wound by immediate union by primary adhesion, or by simple adhesive inflammation, is more than can be expected. Surgeons have made various efforts to overcome the two difficulties thus connected with arterial ligatures. In olden times they were in the habit of including portions of the surrounding tissues in the loop of the ligature. But the process of nlceration, etc., by which each ligature cuts through the part it embraces, was thus found to be rendered unnecessarily severe and protracted. Hence arose (2) the rule of including within the ligature nothing but the arterial tube itself. After this important reform was introduced, the arterial tubes were by many surgeons tied (3) by large, and sometimes flattish, ligatures. These, however, cut and ulcerated through the included artery very slowly; and in practice they were betimes entirely replaced by (4) ligatures as small and slender as was compatible with due strength. To diminish the bulk of the foreign body, or ligature, in the wound, the practice was next adopted of (5) cutting off one end or limb of the ligature after the knot was tied. Others, with the vain hope that the mere loop of a silk ligature might remain buried permanently (through a foreign body) within the depths of the wound, proposed (6) that both ends of the ligature should be cut off; a practice followed with little or no The chances of union of wounds by the first intention have been attempted to be advanced by changing also the constituent materials of the ligature. Instead of vegetable threads of flax or hemp, (7) animal ligatures of cat-gut, silk-gut, buckskin, fibres of the sinew of the deer, etc., have been employed, under the expectation that they would prove less irritating to the wound, as approaching more nearly to the living animal tissues. (8) Lastly, Ligatures of metallic thread have also been placed around bleeding arteries with the same hope: and though not irritating, as far as the material of which they are composed is concerned, yet Dr. S. had found that metallic, like any other form of ligatures which is placed around bleeding arteries, and left there to ulcerate through the constricted tube, usually excited, in the course of their ulcerative progress, too high irritation and inflammation to allow of union of surgical wounds by the first intention.

All the march of modern surgery has thus been in the direction of attempting to increase the chances of the union of surgical wounds

by the first intention, by diminishing more and more the irritation derived from the presence and action of the ligatures supposed to be inevitably required for the arrestment of the hæmorrhage. new hæmostatic process of acupressure, Dr. Simpson hopes to overcome in a great degree all those difficulties, as by it he expected to arrest the hæmorrhage attendant upon surgical wounds without leaving permanently any foreign body whatever in the wound itself. was an attempt to bring bleeding wounds, in common surgery, to the condition of wounds in plastic surgery, where no arterial ligatures were used, and where union by the first intention was in consequence the rule, and not the exception to it. Sewing up the outer or external lips of a large surgical wound by silver, iron, or other metallic or nonirritating sutures, and yet leaving within the depths of the wound a series of silk ligatures, each producing ulceration, suppuration, and gangrene at the tied arterial points, was, he argued, but an illustration of a very paradoxical state of matters—like enforcing cleanliness and the best hygienic measures, as it were, outside a house, whilst within doors there were retained and locked up filth and decomposition, and the elements of destruction and disease.

Dr. Simpson stated that he had tested, with perfect success, the effects of acupressure as a means of effectually closing arteries and stanching hæmorrhage first upon the lower animals, and lately in two or three operations on the human subject. The instruments which he proposed should be used for the purpose, were very sharp-pointed slender needles or pins of passive or non-oxydizable iron, headed with wax or glass, and in other respects also like the hare-lip needles commonly used by surgeons at the present day, but longer when circumstances required it. They might be coated with silver or zinc on the surface, if such protection were deemed requisite.

At first, Dr. Simpson believed that in using acupressure as a hæmostatic means, it would be necessary to compress the tube of the bleeding artery between two needles, one placed on either side of it. But in his later experiments upon the living as well as the dead body, (as in amputations on the latter, and subsequently injecting tepid water through the arteries, in imitation of the flow of blood,) he had found that the compression of one needle was usually perfectly sufficient to shut up an artery, and that even sometimes, when two or more bleeding points were near, they could be closed simultaneously by the action of one needle or pin. The whole process consists in passing the needle twice through the substance of the wound, so

as to compress together and close, by the middle portion of the needle, to the tube of the bleeding artery a line or two, or more, on the cardiac side of the bleeding point. The only part of the needle which is left exposed on the fresh surface of the wound is the small middle portion of it, which passes over and compresses the arterial tube: and the whole needle is withdrawn on the second or third day, or as soon as the artery is supposed to be adequately closed, thus leaving nothing whatever in the shape of a foreign body within the wound, or in the tissues composing its sides or flaps. To produce adequate closing pressure upon any arterial tube which it is desired to constrict, the needle must be passed over it so as to compress the tube with sufficient power and force against some resisting body. resisting body will be most frequently found, 1st, in the cutaneous walls and component tissues of the wound; 2d, sometimes in a neighboring bone, or other resistant point, against which the artery may be pinned and compressed by the acupressure needle; and 3d, in a few rare cases it may possibly be found in practice, that a second needle may require to be introduced to serve as a point against which the desired compression is to be made. Most commonly the first of these three plans seems perfectly sufficient, and that even in amputation of the thigh; a thicker or deeper flap merely requiring a proportionally In acting upon this mode, the surgeon may place the longer needle. tip of the forefinger of his left hand upon the bleeding mouth of the artery which he intends to compress and close; holding the needle in his right hand, he passes it through the cutaneous surface of the flap, and pushes it inward till its point project out to the extent of a few lines on the raw surface of the wound, a little to the right of, and anterior to, his finger-tip; he then, by the action of his right hand upon the head of the needle, turns and directs its sharp extremity so that it makes a bridge as it were across the site of the tube of the bleeding artery immediately in front of the point of the finger, with which he is shutting up its orifice; he next, either with this same forefinger of the left hand, or with the side of the extremity of the needle itself, compresses the locality of the bleeding arterial orifice and tube, and then pushes on the needle with his right hand so as to make it re-enter the surface of the wound a little to the left side of the artery; and lastly, by pressing the needle farther on in this direction, its point re-emerges through the cutaneous surface of the flap-the site of the tube of the bleeding artery being in this way left pinned down in a compressed state by the arc or bridge of steel that is passed over

The needle thus passes first from and through the skin of the flap inward to the raw surface of the wound, and after bridging over the site of the artery, it passes secondly from the raw surface of the wound outward again to and through the skin. Sometimes the needle will be best passed by the aid of the eye alone, and without guiding its course by the finger-tip applied to the bleeding orifice. It compresses not the arterial tube alone, but the structures also placed over and around the site of the tube. When the needle is completely adjusted, all of it that is seen, and that not necessarily so, on the surface of the raw wound, is the small portion of it passing over the site of the artery; while externally, upon the cutaneous surface of the flap, we have remaining exposed more or less of its two extremities, namely, its point and its head. The rest of it is hidden in the structures of the flap or side of the wound. The degree of pressure required to close effectually the tube of an artery is certainly much less than medical practitioners generally imagine: but in the above proceeding the amount of pressure can be regulated and increased, when required, by the acuteness of the angle at which the needle is introduced and again passed out—the cutaneous and other structures of the flap serving as the resisting medium against which the needle compresses the arterial tube. If it were ever, perchance, necessary to produce greater compression than can be thus accomplished by the needle alone, this increased pressure could be readily obtained by throwing around the two extremities of the needle, which are exposed cutaneously, a figureof-eight ligature, as in hare-lip, with or without a small compress placed between the arc of the ligature and the skin. In practice, however, the pressure of the needle upon the artery will-without any such external aid—be found to err more frequently, at first, in the way of excess than in the way of defect. The process of the adjustment of the needle is difficult to describe shortly by words, but the whole of it is readily seen and imitated when repeated upon a piece of cloth or soft leather. We fasten the stalk of a flower in the lapelle of our To compress a bleeding coat by a pin passed exactly in this manner. artery against a bone is somewhat more complicated, but not much In accomplishing it, we have to introduce from the cutaneous surface a long needle through the flap of the wound obliquely to near the site of the artery, and then compressing against the bone, with the fingers of the other hand, or with the end of the needle itself, the part containing the artery, we make the needle, after passing over this compressed part, and after testing whether it has closed the vessel

or not, enter into the tissues beyond, and if necessary even emerge from the cutaneous surface on the other side, at an angle somewhat oblique to that at which it entered; thus taking advantage of the resiliency and resistance of the soft textures to make them push the needle with the necessary degree of force against the artery and bone. Arteries in particular parts require special adjustments and modifications to compress them against the neighboring bone, which only anatomy and experience can point out. There is always sufficient , soft tissue on either side of the artery for the needle to get a purchase upon, to compress the arterial tube against the bone or other resistant point; and a comparatively slight purchase of this kind is generally all that is required. In two cases, Dr. S. had found that branch of the internal mammary artery which so frequently bleeds in the bottom of the wound after excision of the mamma, easily and perfectly closed by a needle passed through the flap to near the artery, then lifted over it and (after compressing it so as to stop the flow of blood) pushed onward into the tissues beyond. Possibly, in some amputations, an acupressure needle or needles may yet be passed immediately before the operation, half an inch or so above the proposed line of amputation, so as to shut the principal artery or arteries, and render the operation comparatively bloodless. If so, these needles would serve, at one and the same time, the present uses of both tourniquet and arterial Perhaps this will be found, in some cases, a simple and effectual means of compressing and closing arterial trunks for hæmorrhage and other practical purposes; as, for example, the artery leading to an aneurism—as the femoral artery in popliteal aneurism changing the operation for that disease into a simple process of acupuncture instead of a process of delicate dissection and deligation, when in any case the milder methods of compression, manipulation, and continuous flexion of the knee fail. It has been hitherto a difficult problem to obstruct the vessels of the ovarian ligament in ovariotomy, without leaving a foreign body, whether clamp or ligature, upon the stalk of the tumor, to ulcerate and slough through it. the stalk be transfixed and properly and strongly pinned in its whole breadth to the interior of the relaxed abdominal walls, by one or more acupressure needles passed through these abdominal walls from without, this difficulty may possibly be overcome.

That needles used for the purpose of acupressure, and passed freely through the walls and flaps of wounds, will not be attended by any great degree of disturbance or irritation, is rendered in the highest degree probable by all that we know of the tolerance of living animal

tissues to the contact of metallic bodies. Long ago John Hunter pointed out that small shot, needles, pins, etc., when passed into and imbedded in the living body, seldom or never produced any inflammatory action, or none at least beyond the stage of adhesive inflammation, even when lodged for years. Some time ago, when the subject of acupuncture specially attracted the attention of medical men, Cloquet, Pelletan, Pouillet, and others, showed that the passage and retention of long acupuncture needles were attended with little or no irritation in the implicated living tissues. The reviewer of their works and experiments in the Edinburgh Medical Journal for 1827 observes: "It is a remarkable circumstance that the acupuncture needles never cause inflammation in their neighborhood. If they are rudely handled or ruffled by the clothes of the patient, they may produce a little irritation; but if they are properly secured and protected, they may be left in the body for an indefinite length of time without causing any of the effects which usually arise on account of the presence of foreign In one of M. Cloquet's patients, they were left in the temples for 18 days; and in cases in which needles have been swallowed, they have remained without causing inflammation for a much longer period. It appears probable, from the facts collected on the subject, that metallic bodies of every kind may remain imbedded in the animal tissues without being productive of injury."—(Page 197.) late observations and experiments upon metallic sutures are confirmatory of the same great pathological law of the tolerance of living tissues for the contact of metallic bodies imbedded within their substance. the operation for hare-lip, where the whole success or failure of the operation depends on the establishment or not of union by the first intention, surgeons use needles to keep the lips of the wound approximated, often compressing these needles strongly with their figure-ofeight ligatures, and find this measure the most successful means which they can adopt for accomplishing primary adhesion.

The Acupressure of arteries, when compared with the Ligature of them, appears, as a means of arresting hæmorrhage, to present various important advantages:

1st. Acupressure will be found more easy, simple, and expeditious in its application than the Ligature.

2d. The needles in Acupressure can scarcely be considered as foreign irritating bodies in the wound, and may always be entirely removed in two or three days, or as soon as the artery is considered closed; whilst

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the Ligatures are true foreign irritating bodies, and cannot be removed till they have ulcerated through the tied vessels.

3d. The Ligature inevitably produces ulceration, suppuration, and gangrene at each arterial point at which it is applied; whilst the closure of arterial tubes by Acupressure is not attended by any such severe and morbid consequences.

4th. The chances, therefore, of the union of wounds by the first intention should be much greater under the arrestment of surgical hæmorrhage by Acupressure than by the Ligature.

5th. Phlebitis, Pyæmia, etc., or, in other words, Traumatic or Surgical fever, seem not unfrequently to be excited by the unhealthy local suppurations and limited sloughings which are liable to be set up in wounds by the presence and irritation of the Ligatures.

6th. Such dangerous and fatal complications are less likely to be excited by the employment of Acupressure, seeing the presence of a metallic needle has no such tendency to create local suppurations and sloughs in the wound, such as occur in the seats of arterial Ligatures.

And 7th. Hence, under the use of Acupressure, we are entitled to expect both, first, that surgical wounds will heal more kindly, and close more speedily; and secondly, that surgical operations and injuries will be less frequently attended than at present by the disastrous effects and perils of Surgical Fever.

Case of Large Gun-Shot Wound through the Body—Recovery of the Patient.

By E. S. Cooper, A.M., M.D., Professor of Anatomy and Surgery in the University of the Pacific, San Francisco.

Case.—Master G. B., ætat 16, was in company with other boys, who were amusing themselves by an examination of the small game which a returning hunter had swung over his shoulder, and also his fowling-piece, an immense shot-gun, loaded, according to custom, with nearly a hundred duck-shot, and powder and wads to correspond, when, by some accident, the gun exploded while the muzzle was almost touching the body of the patient.

The charge entered the left breast, a little below the centre of the clavicle, carrying away a portion of the second rib, the subclavian artery, vein, and plexus of nerves, passing downward and backward, carrying portions of clothing through the upper lobe of the left lung, back through the infersor angle of the scapula, and lodged external

to the fragments of the same, whence it was readily removed by incisions through the soft parts. All the wads, as well as pieces of the patient's clothing, were found at that point. In making an examination to see if no other foreign substance remained, I could readily pass my hand into the front wound, until the fingers could be felt through the incision in the back part of the chest, made for the purpose of extracting the wads and shot. In fact, an ordinary-sized female hand could have passed with ease along the wound, through the body to the scapula, where the contents of the gun lodged.

The left lung was immediately collapsed, and large quantities of arterial blood were discharged by expectoration during the following night.

The arm of that side, as must be apparent, was paralyzed and pulseless, and remained in that condition for a long time.

Pulsation returned to a limited extent after some weeks, but the insensibility and loss of motion remain to this day, four months after the injury, and pulsation is barely perceptible in the forearm on the ulnar side.

There was no hæmorrhage in this case worthy of mention from the subclavian artery, which, however, is nothing unusual, seeing that lacerated wounds of large vessels, torn entirely off, do not generally result in any great amount of bleeding.

Considerable pieces of sloughed lung were discharged from the wound at different times, and the lung still remains in action to a great extent.

Treatment.—The treatment was exceedingly simple, and consisted in the application of evaporating lotion, composed of one part of alcohol and ten of water, to the wound for the first five days, after which poultices were applied. Spr. mindererus was administered freely, the bowels kept open, and quiet enjoined.

Remarks.—There is one feature of this case which I forgot to mention under the proper head, and that is this, viz.: The patient has suffered, and does still, from intense pain in the hand and arm, although not the least evidence of sensation exists, as manifested by external signs.

There is nothing claimed for the surgeon in the treatment of this case, because nature effected the cure. But it is a case of great interest, because it is one of the most remarkable recoveries to be found in the annals of surgery.

The patient has a good appetite, and is restored almost to his

original strength of body. The wound has not healed entirely, though it gives him no pain in the chest, and no other apparent inconvenience than that of the pain in the arm of the injured side before mentioned. The breathing is free, but performed mostly by the lung of the uninjured side, which is much more prominent than the other.

OUR PHILADELPHIA CORRESPONDENT.

No. 16.

"The Boys"—Necrology—The Stampede—Those Students who did not go—Vesico-vaginal Fistula—The Weather.

"Be it a weakness, it deserves some praise."

We love the play-place of our early days;
The scene is touching, and the heart is stone
That feels not at that sight, and feels at none;
The wall on which we tried our graving skill,
The very name we carved; subsisting still
The bench on which we sat while deep employed,
"Tho' mangled, hacked, and hew'd, not yet destroyed."—Cowper.

The sentiment of the poet is natural, and simply expressed. thus we feel on visiting the scenes of our medical pupilage. The same old benches, the same old walls, and stair-cases; almost the same faces-these look about the same. There is the pale-faced, blackhaired, quiet young man, whose answers, as prompt and as modest as they were correct, were listened to by the rest of the class as being right, of course. (What a pity that since that time he has become a learned professor himself, and has also died in years and in honor!) There is the stout Kentuckian, whose huge muscles and bones were the terror of the whole class, when he was under the influence of the exhilarating gas. (He has since died on the Texas frontier, in a battle with the Indians.) And there sits my quiet Pennsylvania friend, who answers the Professor of Anatomy's questions so promptly. (He has since that time been a very successful homœopathic practitioner and professor, and is now dead.) Bah! is it possible that these young men I see are not the same I sat among? (Some twentysix years ago.) And yet I hear of some of the wilder ones making a stampede to the South this year. Well, well, times have changed. Tempora mutantur; but I fear I have not changed with them. my hair is somewhat gray; my teeth are not all at home, as they then were; but I am, and still will be, a boy. God bless the boys and glorious boyhood!

- "Yes, we're boys, always playing with tongue or with pen, And I sometimes have asked, Shall we ever be men? Shall we always be youthful, and laughing and gay, Till the last dear companion drops smiling away?"
- "Then here's to our boyhood, its gold and its gray!
 The stars of its Winter, the dews of its May!
 And when we have done with our life-lasting toys,
 Dear Father, take care of thy children, the Boys!"—Holnes.

We attended the funeral the other day of one of our old friends among the boys, Dr. Yardly, who died suddenly, in the 60th year of his age. Dr. Y. was one of our most respectable Quaker physicians, and studied (with many others) under the distinguished Dr. Joseph Parrish. He worked, we learn, in early life, at a mechanical profession; threw away the plane and the chisel for the pestle and the pill, and wisely provided in early life, by an advantageous marriage, (which he did twice,) for the pecuniary demands of our poorly-paid calling. His coffin was surrounded by hundreds of heart-stricken patients and friends, and many of our physicians paid sincere respect to his unpretending worth. He was among the few unprejudiced actors in certain recent medical controversies, and protested strongly against the injustice done to at least one of the injured parties.

Another member of our aristocracy died the other day, who, while resting from the toils of the bellows, the hammer and the anvil, was attracted to the window of a neighboring quondam play-house, by the lectures of a learned medical faculty, then initiating a new medical college into life. The brawny blacksmith, a very good representative of old Vulcan, gradually became interested in the structure of his own arms, and from them passed to medical science in general; and in due time was dubbed a Doctor. He wisely, however, made his first trade subservient to his future comfort, before he gave it up entirely, and went through the toils and hardships of a laborious profession in comparative comfort. He was an honest man.

In reference to our stampede, the only additional news appears to be that the doctor, who brought two thousand dollars in his pocket to send homesick young men to the South, has vamosed, being disgusted by the treatment he received. It is said that quite a number called on the gentleman, obtained the needful, and (ungrateful wretches!) instead of meeting him at the Broad and Prime Streets Depot, near the witching hour of night, took the money so freely given and easily obtained, and devoted it to the worship of a god and goddess called Bacchus and Venus; in other words, they had a jolly old time of it, and then returned to their muttons, and are now sitting demurely

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under the learned instructions of their faithful and fatherly preceptors. Au contraire, in reference to some twenty-five more, who, it is said, took offence at some lapsus linguæ of one of their teachers, they have packed up their traps and "gone South." Rumor does not know which school those young politicians left.

I see, by your last number, that the Long Island College Hospital is now organized, and ready for its first Spring session. Allow me to suggest to that talented faculty, that Philadelphia is a better place than Brooklyn to start a new school in; and that they would sooner build up a Summer school here than there. Their reputations will, however, draw pupils to any place that they may lecture in.

I see also, in your last number, that Dr. Lewis A. Sayre has operated successfully for vesico-vaginal fistula, by "Sims' silver suture." I remember, many years ago, (in 1838,) while visiting the Dublin Lying-in Hospital, on being invited to see Dr. Murphy operate for this disease by caustic, hearing the then Master of the institution, Dr. Collins, say to me, "Go, doctor, and see the operation, but it will be of no use; the fistula can be closed up, but it will sooner or later break open again." What is the experience of Drs. Sims, Sayre, and others in your city in this matter? Is the cicatrix, obtained by the "silver suture," sufficiently firm to maintain its hold against the irritation of the secretions of the part; and, especially, against the pressure and tension of parturition? I should like to know the fact in the matter. My preceptor used to tell us that most of the important, and especially the novel surgical operations, were published too soon, before the final results were known; and hence the history was incomplete; often leading young men into error, by inducing them to perform operations which were not proper, because not sanctioned by sufficient experience.

The winter here is wet and cloudy. The consequence is that rheumatisms, catarrhs, diphtherite, croup, &c. are quite prevalent; many old men dying suddenly from the severity of the season. By-the-by, friend GAZETTE, we have just seen the first number of a splendid new work on Hernia. The plates are in the best style of lithograph, with linear drawings accompanying them, on which are marked the names of the parts represented in the plates. The type is new, and printed on first-class calender paper, in folio. It is to be issued complete in five numbers, by F. G. Pilliner, 147 South 4th Street. It is dedicated, very appropriately, to Professor Gross, by the editor, Dr. James Bryan, Professor of Anatomy in New York Medical College.

SENECA.

SELECTIONS.

HOW TO GET A PRACTICE.

A Valedictory. Delivered to the Graduating Class of 1859.

By JAMES B. N'cCAW, M. D.,

Professor of Chemistry in the Medical College of Virginia.

[We shall need no apology for inserting the excellent valedictory of Prof. McCaw, of Richmond, Virginia, or as much of it as our limits will allow. It is too good to be lost, for it abounds with novelty, good-humor, and good sense.]

You have chosen, then, a noble pursuit—one of elevating tendencies, of inestimable privileges. To-night, in the first blush of your well-worn honors, 'tis well to comfort yourself with inspiring reflections; to nerve the heart for coming trials; fur they will soon be here. Your greatest trouble, indeed, is now at hand. It stands just outside of this hall, where we have studied together. Before you sleep to-night—before the music, the congratulations, have faded from hearing—it will mock you, and whisper into your ear the startling question, Where are your patients?

Dear friends, this first and inevitable trouble is hard to bear. You leave us armed, ready for the field, bearing the banner of your Alma Mater, to seek reputation and honor. Like the knight companions of old, you wander over the country in search of occupation. How long you will wait! The road is crowded—regulars, irregulars, and many defectives. The public looks shyly at you; some dislike your appearance; some your manners. "Nobody but their own doctor understands their constitutions." Then, too, how difficult to do yourself justice—to put yourself right before the profession and public!

You see a prospect of success—"an opening," but when you get there it is closed, hermetically sealed, with some broad-shouldered old doctor, who has not the most remote idea of dying. Hopeless, desponding, you appeal to your friends. They tell you, Wait for a practice. Your father says, Wait, my son, and you will get a practice. Your preceptor answers, Wait as 1 did, and you will have a practice. There may be some dear girl, more to you than all besides; but, alas! she, too, tells you, We must wait until you get a practice.

Maddened, with hope deferred, I see you coming back to this your starting-point, and, with outstretched hands and eager gestures,

appealing to those who directed your student-life: Friends, friends, teach me the most important of all knowledge—How to get a Practice!

In the attempt to impart this information, I must ask your indulgence, if I should not afford you entire satisfaction; for it cannot be denied that the subject is difficult to treat. Indeed, if I could point out such principles of action as would insure success, the hall would require to be enlarged in all its dimensions, to accommodate the crowd who would rush here to study this necessary branch of professional knowledge.

The difficulties of the undertaking are greater, because this useful art has been sedulously cultivated for many years, and by some has been carried to great perfection, and yet its principles have never been written down and put into a scientific form. It has been rather regarded, as what the lawyers term, the lex non scripta, that unwritten law to be learned by intuition. Still, by appealing to the traditions of our calling, and carefully consulting such authorities as are reliable, I shall hope to aid you in prosecuting the inquiry.*

While presenting, however, the views of those who have studied the various ways of getting a practice, I shall take the liberty of adding my own experience on those points, when there may be room for an honest difference of opinion.

One of the greatest authorities on this important branch of *Medical Ethics* was the celebrated Dr. Richard Mead, who flourished in London more than a hundred years ago, and after enjoying a reputation beyond any of his cotemporaries, in the fashionable world at least, has left behind him, in a series of letters, the embodied results of his experience. In hastily glancing over his instructions to his pupil, Dr. Timothy Van Bustle, it will be at once perceived how permanent has been his influence upon the profession; for we may recognize many of his best manœuvres in constant use at the present day.

Mead was the pupil and afterwards the rival of the celebrated Radcliffe, with whom he formed an admirable contrast; and, as these ancient worthies present us with excellent types of their class, I shall introduce them more particularly to your notice.

When Mead was about to commence his career in London, Rad-

^{*} For fuller details on these important points, we refer to the erudite article on Medical Ethics, by Philo Ethicus, Artium Majester, with notes and additions by Philodelphicus, Surgeon to the Asylum for Wooden-legged Seamen, &c., &c., to be found in the Virginia Medical Journal, vol. vii., p. 253. From this valuable source many of the maxims in this address were derived.—Ed.

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cliffe said to him: "Mead, there is no reason why we should interfere with each other. I bully all my patients; you must wheedle yours."

The apt scholar took him at his word, and, from that day to this, the two roads to success have been followed by their disciples; for while some of the most distinguished names in medicine have blustered themselves into fame, the larger proportion, imitating the safer example of their great leader, have depended on good manners and an insinuating address to take them on to reputation and fortune.

These two methods are based upon a close study of *Human Nature*. There are many who, like the parasitic vines, love to cling to the gnarled and stubborn oak, rather than to depend upon themselves in times of trouble. With these, the Radcliffes, Cheynes and Abernethies found themselves omnipotent. Still, it must be confessed, that the suaviter in modo has been, on the whole, more productive of good results. Most people preferring to be coaxed, rather than driven.

Whether, however, gentlemen, you choose one school or the other, there are certain maxims common to both, strenuously insisted on by all my authorities. I can only allude to a few of the most familiar, leaving you to give to each one its proper value.

Mead was one of the first to introduce the custom of having himself called out of church; but he practiced this ruse under peculiar advantages. His father was a clergyman, with a large congregation, and, when the doctor was summoned out, would say, "Dear brethren, let us offer a prayer for the poor sufferer to whose relief my son has been called." In this way, the doctor soon gained a great notoriety.

As you, my friends, will not enjoy this peculiar advantage, and as the trick has no longer the merit of novelty, I would advise you not to follow this maxim, or even the more modern practice of coming in at the commencement of the sermon. If you had a consultation at 11 o'clock on Sunday morning, would you not always be punctual to the appointment? Why not be at least as prompt when you visit God's house, and seek forgiveness for your many misdeeds?

Another precept, handed down to us from old times, is the plan of riding or driving about the town at all hours, and in great haste, inducing the belief that your services are anxiously sought for by the public. Said Mead to his pupil Timothy, "Whenever you visit a poor patient, leave your horse at the door of some rich neighbor. You will be rewarded for the additional walk."

A friend of mine told me of a horse-trick which was quite ingenious. The animal would always break his bridle, and dashing through the town, everybody would run out to stop Dr. Non Pater's horse. Thus the public became aware of the existence of that soon to be distinguished individual.

A method of tactics much above these paltry artifices is worthy of mention—I mean to write yourself into notice. There is a wonderful power in printer's ink, and when you can get into the newspapers, your fortune is made. An operation reported in the local columns—a dreadful accident quickly relieved by that eminent physician, Dr. Izard, looks well. Meantime my authorities lay much stress on the importance of writing often in the Medical Journals. Get up a long list of cases. The disease must be desperate, though common, as the cholera or yellow fever. Sum up the results of your practice after this fashion:

100 cases of cholera treated in the—month of year—. Of these, 97 were discharged *cured*; 2 relapsed through their own *imprudence*, and 1 absented himself.

A good notion, says Mead, is to write about the last new remedy, or better yet, invent one yourself, to cure some *incurable* disease. The public wonder; admire your daring and sound your praises.

When you report cases, take care that you give no names. That is very unprofessional. But say: The Right Rev. Dr.——; Judge—— of the Court of Appeals; and acknowledge nothing so low as a member of Congress.

But the last and greatest maxim, most extolled by the text-books of the art, is yet to be mentioned: "Learn how to praise yourself, and at the same time run down your neighbor." This requires the highest refinements of the science and all the resources of the most profound tact.

It will never do to flatter yourself grossly or to abuse your rival openly. This would disgust the patient, and might result in disagreeable consequences. But, with shrugs, looks and innuendoes, a well-timed prescription and a lucky recovery, a dexterous tactician, especially if supported by a few gossipping tongues, must be very awkward, if he does not succeed in his object. He has then reached the highest pinnacle of his art.

These are some of the methods adopted by many to gain the ear of the public, and reach success in the profession. What say you, young gentlemen, to these maxims in Medicine? handed down to us for centuries; practiced every day in our own midst. Will you make them your guide in the coming future? No—No. Rather, this night, tear

up in shreds the hardly-earned parchment which only leads you into the crooked paths of fraud and artifice. Throw to the winds your long-cherished ambition, and seek with honest hearts and honest consciences a more humble occupation:

"For if the purchase cost so dear a price,
As soothing folly or exaltitg vice,
Then teach us, Heaven, to scorn the guilty bays.
Drive from my heart that wretched lust of praise;
Unblemished, let me live or die unknown;
Grant me an honest fame, or grant me none."

The question, gentlemen, you have proposed, is not yet answered. You scorn at the first glance, the traditions and maxims, the schemes and tricks of a base profession. Such practices may, with the old and hardened worldling, be received with a laugh, or admired for their ingenuity; but can get no favor from the fresh and youthful heart. I know in these latter days, it is common to look at such questions from a low point of view; in these days of an advanced civilization, which some regard as a more refined selfishness; in these days of an interested morality, when the child is taught "honesty, because it is the best policy." Even yet, believe one who is many years in advance of you on the voyage of life—believe me, the world is not yet so steeped in selfishness as to despise bronesty and frankness; human nature is not so base as to feed always on fraud and hypocrisy.

The way to get a practice is plainly marked out before you, and success in your profession is within the reach of every one, who from this night forward determines, come what may, to strive earnestly and conscientiously to do his duty. It may be a slow process—it will be a tedious, thorny road, and even when gained, the success will assuredly fall short of your youthful aspirations. Yet come it will; and when you have reached the long-coveted prize, the greatest element in your cup of joy will be the reflection, that you have honorably struggled in the fight with the world, and may proudly wear the trophies you have worthily won.

Success in the practice of Medicine will come to every man who devotes himself to its duties with undivided energies and a hopeful, zealous spirit. With these impelling motives, there is nothing more needed, save the requisite qualifications for usefulness, and the rest is but a question of time.

To make yourselves useful as physicians, to render yourselves worthy of public confidence, is the true object, then, of your future life. Nor

is this so difficult a task. Each one of you, in his own sphere and after his own way, can effect this result. The labors and responsibilities of a physician do not demand rare abilities, exalted genius. An average intellect and a good perception are the necessary elements of a medical mind. In short, any one can succeed in doing good service in our art, who secures to himself two leading qualifications—a good head and a good heart.

You have recently proved, young gentlemen, during your connection with this Institution, and by the creditable examination just concluded, that you have a fair proportion of intelligence, which, if cultivated, will enable you to appreciate the leading principles of the science. But the expression includes much more than this. You must have a good head for observing as well as for acquiring. There is no occupation demanding a more constant use of the perceptive faculties, than ours. It is through the power of observation that we reduce theory to practice, transfer science to the bedside, and turn our knowledge to a useful purpose.

The most important attribute of the great physician is his rapidity and accuracy of observation. Yet this he is required to guard cautiously by the exercise of a sound discretion. In a science like ours, confessedly imperfect, admitting of many constructions and differences of opinion, though we should be quick to observe, yet be slow to act; for the calm and sober second thought often marks the point where lies the truth.

Another important element in the medical man is a good common sense, and an accurate knowledge of human nature. Look at your patient with the naked eye, before you put on your scientific spectacles. Study him as a man, before you consider him as a patient. What is his character, his disposition, his temperament? What are his habits, his modes of thought, and how shall I bring to light the difficulties lying at the root of this medical problem?

In the exercise of a justifiable medical tact, in a quick appreciation of character, and in the constant appeal to common sense, unprejudiced by foregone conclusions, whether drawn from books or the results of experience, modern physicians stand far above their predecessors. The mind, freed from the routine of the schools, and permitted to reflect, observe and act for itself, has sprung forward with velocity in the search after the truth. Even the heresies of the age may be made useful by a discriminating common sense. Homeopathy and Hydropathy have at least taught us to beware of too much physic and to little water.

Such is my definition of a good medical head. Add to these qualities, if you choose—they may all be yours; add to these, an honest, true and conscientious heart, and your question is answered. You con do nothing without that. You may put learning to learning—you may walk the hospital, study disease at the bedside, and read the human heart—you may win a great name in the profession, and adorn with new discoveries the noble art; but, without a good heart, you will never fill up the full measure of your usefulness—the trusted physician, the sympathizing friend, the never-failing support of those with whom your duties lie.

And who have such noble opportunities of cultivating the higher moral qualities? How easy this tender culture to you, young men, now going into this sphere of action, with fresh and ardent emotions, ready to soften under every impression, to sympathize with every cry of sorrow! I need not deny in the name of our brotherhood the charge often made, that physicians become hardened to the pains and weaknesses of suffering humanity. Indeed, it is just the reverse. is our sad duty to witness so much of sickness, misfortune, and vice. that the heart, under this incessant teaching, becomes more and more impressible. Long practice has learned us to preserve a calm and necessary composure when the eye of the frightened invalid is watching; or harder still, when a mother's glance searches us, looks for a ray of hope, a word of comfort; hope which has fled, comfort we cannot give. Still, there is something tugging at the heart-strings, which the world does not appreciate, and from its deepest depths we feel the impotency of our calling.

You must have a good heart. You would not be worthy to associate so freely, so intimately with pure and loving woman, with angelchildren, unless your hearts were also pure. Constant association with the other sex is the great humanizing agent of modern civilization, and blessed privilege is ours to spend our lives in their presence and companionship. We see them in their most endearing aspect, their supremest loveliness—unselfish—self-sacrificing, by many a sick-bed, (sometimes of God's making, but how often of man's transgression!) or themselves bearing patiently the tortures of disease—

Blest partner of our joys and woes,
Even in the darkest hour of earthly ill
Untarnished yet, thy fond affection glows,
Throbs with each pulse, and beats with every thrill.

You must have a good heart, or you will never hold that place in

children's affections which the physician in every family should seek to obtain. Children are intuitive judges of character. No miser who loves to count his gold, can tell the counterfeit from the true metal more certainly, than does the child discern between the gloss of an artificial manner, and the genuine ring of an honest sympathy. You must seek to win their love and confidence. The little ones learn to come without fear, and obey from a feeling of affection. 'Tis only thus that you will exert over them a truly curative influence. The doctor's coming will no longer be an event to be dreaded, but a time of joy. How easy, then, to study the disease or condition of these little patients, who, instead of cowering in the nurse's arms, trembling with terror as you approach, will fondly sit upon your knee and trust you with all a child's affection!

Lastly, gentlemen, in your intercourse with your brethren, you should study, by a frank and genuine politeness, a tender, scrupulous respect for their opinions and feelings, and an earnest desire to do full justice to all with whom you may be associated, to awake in the bosom of every one a perfect and unshaken confidence in your honor and integrity. In every noble ambition, while you strive to rise to professional eminence, may you not, instead of pulling your comrade down, rather lend him a helping hand? Then standing together on that high platform only gained by honorable men, how strong will be the united influence of a united brotherhood against the jeers of the ignorant or the attacks of the charlatan!

Are there many before you in the race? still be faithful to the duties of your own sphere, and prove, by patient and cheerful labor, that you deserve a higher place. Preserve with watchfulness the discipline of the profession, its rules and customs, and though the trial may be long and hard to bear—for so it will be—and the temptation to work on a little faster may be almost irresistible, never forget (to quote an eminent and witty brother*)—never forget, that the tenth commandment was intended especially for doctors: Thou shalt not covet thy neighbor's patients.

[From the American Journal of Insanity.]

The Nervous Epidemic connected with the Religious Revival in Ireland.

[The tone of the following article is more moderate and conservative than much that has been written on this questio vexata.]

^{*} See Address to the Harvard Medical Class. By OLIVER WENDELL HOLMES.

One of the most powerful and wide-spread of those mysterious epidemics in which the functions of the cerebro-spinal system are temporarily disordered, has prevailed during the past six months in Ireland. and in different parts of Great Britain. It is apparently related to a religious revival in the evangelical churches, though the reality of a true spiritual influence being involved with it has been much question-A striking characteristic of the epidemic is the exact likeness which many of its features bear to those of epidemics of febrile and other diseases. When at its period of greatest height in one locality, it is in its decline in that just behind in its course, and is kindling up in the one in advance. Neither public expectation nor revival effort greatly hasten its approach, but its course is steady and regular, and manifestly by infection. Says a witness: "It was observed from the first, that the most illiterate convert who had himself been physically affected had far more power in producing the manifestations than the most eloquent and touching speaker who could address an assembly. There did not seem to be any proportion between the words attered by the speakers and the results produced." The physical phenomena, in their complete form, are those of catalepsy. Those powerfully affected are struck down as in an epileptic seizure, and, for a greater or less time, the voluntary functions are suspended. In some cases there Moral manifestations follow, taking the is also loss of consciousness. usual forms of powerful conviction of sinfulness, and signs of the most acute mental anguish. Under a less degree of the disorder there are spasms and convulsive movements in great variety; and sobbing, laughing, singing, and wailing, are manifested without obvious cause These are so general that the medical men and the press of Great Britain have usually described the epidemic as one of hysteria: though its subjects are by no means of one temperament, or of the female sex.

But however imperfectly technical language may describe these manifestations, they are, it is easy to see, governed by well-known physiological laws. Where the epidemic prevails among a people of a low grade of intelligence, the disorder will be manifested chiefly in the functions of the spinal cord, and catalepsy and convulsions will be presented. Epidemics of a similar kind in this country during the past fifteen years, arising among a people of more active intellect, have affected more the cerebral functions, and have developed hallucinations of all kinds, fanatical passions, and the wildest vagaries of belief. Of these, Millerism and Spiritualism are prominent instances. In a more

robust and energetic people we have a greater degree of boisterousness and activity in the manifestations. This is illustrated in the history of the so-called "Backwoods Revivals," which occurred in our Western States, many years ago. Indeed, the manner in which the nervous contagion is modified in its effects by the condition of its subjects is precisely that which is observed in epidemics of cholera and yellow fever. In both cases, at the first appearance of the disorder only those in some way predisposed to its attack are affected, and the symptoms are not sudden or severe. But when the height of the epidemic is reached, persons are attacked almost indiscriminately, and with great power.

The relations which this epidemic has attained, through natural causes, or perhaps by a special providence, to evangelical religion, are, however, the most important of all. It is these which have excited, and are still giving rise to much discussion through the pulpit and the press of Great Britain. On the one side, it is claimed that the revival phenomena are almost wholly supernatural, and are to be encouraged in every form and direction in which they may be developed. While on the other hand, they are condemned as physical only, and tending solely to the hurt of morals and religion. A great amount of evidence, statistical, historical, medical and theological, has been brought forward upon the subject, but the best and most learned still differ very widely in their conclusions.

Probably in no country have these epidemics been so frequent and powerful as in our own, and nowhere is there so general an agreement as to their character and their practical treatment. observed that the conditions under which they are developed are similar, whether the manifestations are evangelical, Spiritual, Millennial, or any other. They usually have their rise in a profound stagnation of public concern regarding matters of religious and social interest, or, on the other hand, in occasions of panic or crisis. But while observation proves that they are reactive in their origin, experience shows that they all have both a retrograde and a corrective tendency. physical manifestations are only evil in their effects, and we believe much more powerfully so than is generally considered. manifestations have no necessary relations with the physical, and by careful, well-directed effort, especially in the early stages of the epidemic, may almost always be made to tend to beneficial results. Through the great Millennial epidemic many were brought to connect themselves with the evangelical churches, and even that of Spiritualism has, in some communities, been made to advance the interests of true religion. We have little doubt that if the experience of our own religious teachers in these revivals could direct the treatment of the Irish epidemic, it might be made largely productive of good. But to this end a moderate, and above all a united sentiment and action are necessary. Between a gross superstition on the one side, and too great religious nicety on the other, the present opportunity may be sadly misimproved.

These nervous affections, as they have been observed especially in religious revivals, are treated in a most candid and philosophic spirit by a writer in the *Methodist Quarterly Review* for April last, and may, we suppose, be taken as a representative view of the phenomena, among a sect in connection with whose Christianizing efforts they have been most frequently manifested. The writer, treating of "Religious Catalepsy," considers the phenomena "as perhaps in the largest degree physical," and as far as possible to be discouraged. After an analysis of the manifestations, and treating of them from the side of physiology quite at length, he concludes as follows:

"The first inference drawn from the above showing is, that there is danger of placing quite too much importance upon this occasional feature of personal piety and of revivals of religion. We cannot resist the conviction that the cataleptic exercise is the slenderest of all evidences of the genuineness and depth of the work of grace. It is not a criterion of piety. A revival may be genuine which is thus characterized. One may be equally so which is not marked by a solitary example of catalepsy; and precisely so as to individual Christians in every stage of experience. It must not be taken as the test or measure of piety."

Only on one point, perhaps, must the medical observer differ from this experienced and learned minister. He considers that "nothing morbid, or in the slightest degree prejudicial to physical health, is assumed to attend or result from this sort of paralysis." Our own observations too fully confirm the plainest inferences from physiology, that these manifestations tend greatly to impair the nervous functions and to superinduce various forms of positive disease. The moral exercises, though they may be in some cases dissipating to their subject, we know are oftener salutary in the highest degree. These can only be cautiously and reverently guided, howsoever extraordinary they may appear. But cestasy, hallucination, hysteria, and catalepsy can have only an accidental relation to a spiritual illumination.

Governor Magoffin, of Kentucky, on the Prohibition of the Marriage of Cousins.

In his late message to the Legislature of Kentucky the Governor says:

"By a single act of the Legislature you can save in the future an immense amount of suffering. You can diminish, according to the opinion of those who have fully investigated the subject, twenty per cent. of the number of imbeciles, insane, deaf-mutes, and blind children. Render the marriage of cousins illegal, and a great evil is at once At least from fifteen to twenty per cent. of all these sufferers are the offspring of cousins. A gentleman of science, of learning, and enlarged experience, who has for a long time paid a great deal of attention to this subject, recently informed me that he never yet had seen all the children so related sound in body and mind. There is always among some of them some defect, mentally or bodily. A large number of the pupils (so say the teachers) in the Deaf and Dumb Asylums are the children of cousins. Danville there are four sisters, deaf and dumb, the children of cousins; they have two speaking brothers, both in delicate health. There is also, from another family there, a sister and brother, children of cous-There is another instance of sister and brother there, also deaf and dumb, the children of second cousins, showing that the defect extends beyond even the second degree. In that institution at Danville, as in other States. I am informed from sixteen to twenty per cent. of the pupils are now, and always have been, the children of cousins. The State, when the parents or friends of these children are not able to provide for them, has to do it; and the instances are numerous where the burden falls on her to provide for and educate these mutes, insane, blind, or imbeciles. She is weakened by so many of her citizens suffering these privations, and a heavy tax is thereby imposed upon her. Is it not her right and her duty to protect herself against the evil and expense by forbidding such unions, which Nature forbids by the natural penalty she uniformly inflicts?"

FEES FOR PROFESSIONAL SERVICES.

The remuneration for medical, surgical, and obstetrical services have, of necessity, varied very much in different ages and countries, according to the estimate of the services rendered, or the relative value of money. In many counties, towns, and cities, there are regular fee-

bills, regulating the charges for ordinary practice; a custom which we have always regarded as absurd and unjust, since it places, in this particular, all practitioners, whatever may be their respective merits, upon the same level, whereas every man should be permitted to charge according to his skill and the nature of his services, not forgetting the circumstances of his patients.

In looking, not long ago, over some of our papers, our eye chanced to light upon a bill for professional services rendered by the late Dr. James Craik to Captain G. S., of Washington City, the father of a large and highly respectable family, to one of the members of which we are indebted for this interesting document. Dr. Craik was the physician of Washington, and attended him in his last illness, in conjunction with Dr. Dick. The bill is dated 1795, beginning in April of that year, and ending in March, 1799, the entire amount being £66 16s. 6d. It covers more than ten pages of foolscap, and particularizes every item with the same care as a merchant's or grocer's account. The following extract will serve as a specimen of Dr. Craik's charges:

	£	S.	d.
For extracting Peter's tooth,	0	3	0
Visit to your lady, and anodyne draught,	0	3	0
Vial of diaphoretic drops for your son George,	0.	3	0
A purge,	0	1	3
An emetic,	0	1	6
For bleeding Capt. S	0	3	0
For delivering your lady,	5	0	0
Visit to your son George, and vermifuge pill,	0	1	3
32 syphilitic pills for Sam,	0	16	0
Visit to your child Harriet, and two alterative pow-			
ders,	0	2	0
Visit to your son George, and vermifuge pill,	0	1	3
8 ounces of injection, for boy Sam,	0	5	0
One syringe,	0	3	0
Dressing negro boy's hands,	0	2	6
Visit to your lady, and anti-rheumatic tincture,	0	3	0
Visit to your lady, and opening abscess in breast,	0	5	0
Blistering plaster,	0	5	0
Bleeding,	0	3	0
12 febrifage powders,	0	6	0
6 ounces best olive oil,	0	2	6

Bleeding negro woman,	0	3	0	
" Master George,	0	3	0	
Dose of salts,				
Inoculating your child	1	0	0	

Emetics, purgatives, absorbent powders, anodyne, draughts, and preparations of bark—powder and infusion—are prominent items of the account.

The custom of presenting items in medical bills has, we presume, become obsolete. It is certainly inconsistent with the dignity of a professional man of the present day to descend to such minutiæ. A round statement in dollars should be quite sufficient. Only once, in our whole life, have we been requested so to demean ourselves. We replied, that it was contrary to the habits of professional gentlemen to specify their charges, with the minute exactness of an auctioneer's catalogue, at the same time that we informed our patron our ledger was at his service; nay, furthermore, that if in future he wanted our attendance on such conditions, he could not have it. The creature, now one of the merchant princes of the city where we then resided, had all his life been dealing in sugar, molasses, and whiskey, and could therefore not help following the force of his habits.

Professional services are generally much more highly appreciated in cities and large towns than in the country. In the United States, practitioners are much better rewarded in the South and Southwest than in the North and East; in the slave States universally much more liberally than in the free. The reasons for these practices are obvious. In towns and cities physicians could not live if their charges were not higher than they are in the country; and in the Southern regions of the United States money is much more plenty than among the same number of inhabitants in the North and East.

The highest fees for medical services in this country are paid at New Orleans, where the ordinary charge for a visit is from two to five dollars, while consultation services yield at the rate of from ten to twenty. At Charleston the first consultation fee, established by long habit, is \$14 00, the subsequent ones being each \$2 00. In this city the first consultation visit is usually \$5 00, and those made afterwards \$2 00 each. The fees of surgeons are generally, everywhere, higher than those of physicians.

Since our attention has been directed to this subject, we have examined a number of works in our library with a view of ascertaining the charges, ordinary and extraordinary, of practitioners, dead and living, in different countries and in different ages.

In ancient times some remarkable fees were obtained for professional services. It is related of Charmis, who kept a bathing establishment at Rome, in the reign of the Emperor Claudius, that his regular charge for advice to those who were anxious to avail themselves of his treatment was £800. He was the first water-cure doctor, if we may credit the researches of Dr. Doran, that ever practiced, and he made an immense fortune, such as no brother of the craft of the present day can at all approach.

The most liberal fee of modern times was that received by Dr. Diusdale, a physician of Hertford, England, for inoculating the Empress Catharine, at whose request he visited Russia, in 1768. The operation was perfectly successful, and such was the gratification of the Empress that she made Dinsdale a baron of the empire, besides presenting him £12,000, and a pension of £500 a year.

The largest fee ever received by Sir Astley Cooper was 1,000 guineas. His patient was a man of the name of Hyatt, a retired West India merchant, who was affected with stone in the bladder. The manner in which the fee was presented is worthy of notice. When Hyatt had entirely recovered from the effects of the operation, he requested his surgeon, with his two medical attendants, Dr. Lettsom and Dr. Nelson, to visit him on a particular day. Cooper arrived after the physicians had left the room; he met them down stairs, discussing the liberality of their patient, who had presented each with £300. Sir Astley was cordially received by the old West Indian, and after having chatted a little while, he rose to take his leave, and had got as far as the door, when Hyatt threw his nightcap at him, saying, at the same time, "There, young man, put that into your pocket." Upon examining it, he found a check in it for 1,000 guineas.

Hyatt, it would seem, was equally liberal to his apothecary, or regular family attendant. One day, being sent for in haste to visit his patient, he fell down and hurt his knee, so as to cause him, on entering, to be lame. Hyatt, observing his condition, immediately exclaimed, "Dobson, old fellow, what is the matter?" On learning what the trouble was, he pulled out a £100 bank note, and applied it to the joint, adding that it was the best plaster in the world for a bruised knee.

A wealthy London merchant, Mr. William Cole, paid Sir Astley Cooper, annually, for years, £600, for attendance upon his family.

During the hey-day of his professional life, Sir Astley Cooper fre-

quently made 100,000 dollars a year by his practice. Much of this vast sum was received for chamber practice. He had to answer many letters of advice, for which he never received less than a one-pound note, while many yielded him five times that amount.

Dr. Lettson, who was a West Indian by birth, made in a visit which he paid to Tortala, his native town, soon after having completed his studies in London, nearly £2,000 in five months. After he had succeeded in establishing himself in the British metropolis, his income annually ranged from 20,000 to 25,000 dollars. In 1800, he received, in fees, £12,000, or sixty thousand dollars.

Fothergill, the Quaker doctor, did an immense practice. For the last twenty-five years of his life, his fees annually averaged nearly £7,000, or about 35,000 dollars. He commenced his practice in 1740.

Mead's income was, on an average, from £5,000 to £7,000, for many years. He once received 300 guineas for visiting a patient at Ingestree; in Staffordshire. The patient had been very ill, but recovered before the arrival of his great physician.

Dupuytren's income was enormous; he began life as a poor boy, and died worth more than a million of dollars. Graefe, the celebrated surgeon of Berlin, left an immense fortune, the result of his professional labors.

In this country, physicians are not noted for their high charges or great income. One of the largest fees ever received by any one was that of Dr. Ephraim McDowell for the operation of ovariotomy, performed upon a lady in Tennessee, whose husband gave him \$1,500. We have heard of a fee of \$5,000 being paid to a New York surgeon for an operation for club-foot, but we are unable to vouch for the authenticity of the story. Physick left a large fortune, but rather in consequence of the rise of his estate than of his large professional emoluments. His charges were generally small. A gentleman once handed him a hundred dollar note for attendance on his wife; but the doctor thinking that it was out of all proportion to the value of his services, returned all but ten dollars.

The salaries of court physicians and surgeons have also varied according to the times in which they flourished, and the respective ranks which they occupied. In the reign of Henry III. of France, the pay of the royal household staff was as follows:

First Surgeon.

Ambrose Paré, 666 livres and 12 sols.

·
Surgeons-in-Ordinary.
Pierre Pegray, 333 livres and 6 sols.
Antoine Portail, 333 " " 6 "
Assistant Surgeons, Serving each Three Months in the Year.
January, February, and March.
Jacques Guillemeau, 100 livres.
Isaac Bruns, 100 livres.
April, May, and June.
Jehau Lambert, 100 livres.
Jacquese D'Amboise,
July, August, and September.
Ismael Lambert,
Hierome De la Noue, 100 livres.
October, November, and December.
Charles Buchalier, 100 livres.
Michael Vandelon, 100 livres.
Louis XIV. seems to have had a high appreciation of the services
of his professional attendants. Being affected with anal fistule, an
operation became necessary, on recovering from which he exhibited
his gratitude by bestowing upon them not less than £14,700, in the
following ratio:
To M. Felix, 50,000 crownes = £6,000.
"Dr. Duquin,
"Dr. Fagon, 24,000 " = 1,000.
"M. Bessiere,
"Four apothecaries, each, 3,000 " = 2,000.
"M. Raye, apprentice to M. Felix, 400 pistoles = 200.
Considering the enormous price paid for the operation, it is sur-
prising that the filthy disease which it was designed to relieve should
ever have become the fashionable court complaint. A surgeon at the
The second secon

considering the enormous price paid for the operation, it is surprising that the filthy disease which it was designed to relieve should ever have become the fashionable court complaint. A surgeon at the present day may regard himself as extremely fortunate if he can occasionally get a patient who is able to pay him two hundred dollars for the division of the sphincter muscles, including the after-treatment.

Scanzoni, professor of midwifery in the University of Würzburg, received \$25,000 for attending, a short time ago, the Empress of Russia in her confinement. The prestige with which the favorable reception of this physician at the Russian Court invested him has rendered him the most celebrated accoucheur of Continental Europe, and laid the foundation of one of the most aristocratic practices in the world, crowds of the German and foreign nobility flocking to him from all parts.

Medical men sometimes receive, in addition to their regular fees, large presents, either in money, plate, clothing, or wine. Thus, Ambrose Paré, the father of the French surgery, at the siege of Metz, in 1552, had a tun of wine sent to him for curing one of the officers of a broken limb, by De La Roch, with a promise that "when it was drunken he would send me another." The Sultan recently, after his recovery from an attack of ague, in which he was obliged to take an unusual quantity of quinine, the effects of which occasioned symptoms which somewhat alarmed the court, presented his physician, Dr. Caratheodory, precious stones, works of art, and various other articles, valued at between £12,000 and £16,000, besides a handsome estate.

Physicians, on retiring from practice, are sometimes presented with a service of plate by their grateful patrons; and similar compliments are occasionally paid by towns and cities, in consideration of the services rendered by practitioners during the prevalence of devastating epidemics.

Sometimes, again, the present is in the form of a wife. Thus Podilirius, whose praises were sung by Homer, was rewarded by the King of Caria with the hand of his daughter, whose life he was supposed to have saved by bleeding her in both arms, after a fall from the top of a house. Such a gift might not always be agreeable or convenient to the recipient, but it could hardly be otherwise when it comes in the form of a rich princess, as in the case of Podilirius.

Governments do not always reward their subjects in proportion to the value of their services. Jenner, for his immortal labors in vaccination, by which millions of lives have been preserved, received from the British Parliament the paltry sum of £20,000. Brossard, a French surgeon, in the seventeeth century, was richly rewarded by the French Government for the disclosure that agaric would arrest hæmorrhage after surgical operations. The remedy was tried, and of course found useless, though not until a number of lives had been lost by it. Mrs. Stephens, as late as the last century, obtained a large sum from the British Parliament for making known the supposed virtues of castile soap and egg-shells in dissolving urinary calculi.

The charges for attendance at coroners' inquests are not commensurate with the services exacted upon these occasions. From ten to twenty dollars is the usual fee for making a dissection for the benefit of the public, and even that sum is often grudgingly allowed. In cases of poisoning the remuneration is, of course, more liberal, though seldom adequate. The largest compensation for services of this

description ever paid in this, or, perhaps, in any other country, was that recently awarded by the city of New York to Dr. Doremus, Professor of Chemistry in the New York Medical College. The sum alluded to was \$3,000, besides \$800 for the outlay of new apparatus. The case was that of Stephens, tried for the murder of his wife by poison. Dr. Doremus was obliged to analyze two entire bodies.

Finally, a good fee is a powerful stimulant, causing the most delightful sensations, and goading a man on to the most vigorous performance of his duties. It increases the pace of the sluggard, and improves the digestion of the dyspeptic. There is not a man in the profession that has not, at times, felt the force of the practice of the celebrated physician of Bath. Finding himself no better for his own prescriptions, he laughingly observed to a friend, "Come, I think I will give myself a fee; I am sure I shall do better then." Putting his hand into his pocket, he took out a guinea, and gravely passing it to the other, he soon got well. Assuredly, reader, there is a great potency in a good fee.

Physicians sometimes place no better estimate upon their services than their patients. A young professional acquaintance recently told us that, not long ago, after having prescribed for a female, she handed him a one-dollar counterfeit note, which he did not hesitate to take, although he knew at the time it was worthless, believing that it was a fair equivalent for his services. We have not examined our brother's organ of conscientiousness, but suppose it to be very large.—
N. A. Med.-Chir. Review.

Transactions of the New Hampshire Medical Society, 1859.

The report of the Committee on Surgery, by W. D. Buck, M.D., contains several interesting points of practice. Among these we notice a suggestion to place the long splint on the outside of the sound thigh, in fractures of that part, when the extension or counter-extension has produced excoriation of the perineum, or on the ankle on the side of the fracture. Dr. Buck recommends the use of adhesive plaster for extension in these fractures, attributing its first use in this way to Dr. Josiah Crosby, of Manchester, N. H., who, he says, is called "Sticking Plaster Crosby." We hope the name may adhere.

The following passage on amputation at the shoulder-joint is interesting. The suggestion to remove the head of the humerus in order to facilitate the tying of the artery we do not remember to have seen elsewhere.

Zxii.; spt. terebinth., Zij. M. Signa. Apply freely all over the neck, breast, and abdomen, upon flannels covered with oil silk. I keep on constantly during the continuance of the disease, and for eight or ten days after the patient has sufficiently recovered to walk about. The object of continuance is to prevent relapses, which are very frequent and fatal, without some preventive is used. Internally, I direct the following to is what is wanted in these cases. be administered: R.—Ext. glycyrrh., 3iij.; acacia gum., 3i.; antimon. tart., gr. i.; sac. alb., 3ij.; aqua, 3xviij. M. Signa. Give a wineglassful every two hours to a young child, say two years old, and increase in proportion to age. I have had as much, if not more, satisfaction in the results of the treatment of diphtherite on the foregoing plan, than in anything occurring in my professional life besides. therefore recommend it with confidence to the medical profession. have tried it with nearly the same success in scarlatina. During the course of treatment I do not give patients a particle of anything else; not a drop of water, nor the least nourishment, save what is in the medicine.

The compound keeps the bowels merely soluble, alleviates the cough, dryness in the throat, and difficulty of swallowing. I have, in some instances, added a grain or two of tartrate of antimony to the compound, and occasionally omit it altogether. I am convinced that certain states of the atmosphere increase the malignancy of diphtherite, and that chloroform and cod-liver oil annul its effects almost entirely. The oil protects the skin, and the chloroform acts probably upon the air-passages, while the turpentine acts as a counter-irritant. I have been surprised, and highly gratified, by noticing the rapidity with which the stoppage of the nostrils and difficulty of breathing are often overcome through this agency, even in advanced stages of the disease.

SAN FRANCISCO, CAL., December, 1859.

A REVOLUTION IN ANÆSTHETICS.

The Paris journals describe a new method of producing insensibility, or rather a new way of applying an old method, which may be available in some cases, but which must frequently fail. We copy from the Lancet the following account of the process:

"The patient, either sitting up or lying down, is put in a convenient position. The operator then, standing either before or behind

him, places before his eyes, at the distance of a few inches, but generally nearer than the point which allows of distinct vision, some bright object, upon which the patient should steadily and continuously fix The bright object should be so placed that the eyes, in looking at it, must be forcibly directed upward, the contraction of the superior recti being carried to its maximum degree. In this position, the levatores palpebrarum and recti are strongly contracted, and convergent strabismus takes place. After this attitude, which is certainly very fatiguing, has been kept up for two or three minutes, the pupils are noticed to contract, and soon afterwards to dilate; the eyelids quiver rapidly, then fall, and the patient is asleep. Two symptoms, almost always present, are then observed; they are, however, in different cases, more or less marked and lasting: 1, catalepsy, exactly as described in books; 2, anæsthesia, which lasts from three to fifteen minutes, either complete or incomplete, but which allows of pinching, pricking, and tickling, without any feeling being aroused in the patient, and without any change in the cataleptic state being produced. This anæsthetic state is generally followed by a very opposite condition namely, very remarkable hyperæsthesia, in which the senses, the feeling of heat, and muscular activity reach an unusual degree of excitability. At any moment of the experiment the symptoms may suddenly be stopped, by rubbing the eyelids, and directing upon them a stream When the patients recover their senses, they remember nothing of what has taken place."

This is evidently nothing more than the phenomenon which is called Mesmerism, or animal mngnetism, long known, little understood, and frequently brought before the public as something new. The best account of it is to be found in the Five Essays of the late Dr. Mitchell, of Philadelphia.—Boston Med. and Surg. Journ.

The Number of Children a Woman can Bear.

The question of how many children a healthy woman can bear, during the child-bearing period of her existence, is one of some interest. If a couple live harmoniously together during a long life, and marriage has taken place very early, it is quite possible that as many as 24 children may have been born to the State, at intervals reasonably short, and without their coming as twins or triplets. Amongst the poorer classes this regularity is not met with, although even amongst them a pretty large number of children are born. On looking over

the Register of the St. Pancras Royal Dispensary since the year 1853, six instances occur in which over 16 children were born; thus, two patients, aged 42 and 46 respectively, were each confined of their 17th child; one, aged 39, of her 18th; whilst three, aged respectively 39, 40, and 50, were confined of their 19th. The last patient, 50 years of age, besides her 19 children, had 4 miscarriages. In most of these cases the births were single, although occasionally twins were born. The greatest age was 50. Dr. Gibb states that, on a careful examination of the Register for many years back, the age of 50 is the highest at which any patient was admitted; and, as the same patient did not present herself again, it is probable she ceased to bear children.

If the cessation of the catamenia determines the time at which gestation ceases, then it must occur in some instances as late as 55 or even 60 years; for M. Brierre de Boismont, who determined the critical period of life in 181 females, found that it occurred in 21 between 51 and 55 years, and in 5 between 55 and 60 years.

In considering the number of children a woman can bear, we of course here exclude those cases of multiple births wherein from 2 to 6 children are born at one time, and which thus will swell the number of children brought into the world by one woman to as many as from 25 to 69.—Lancet, Sept. 17.

AMERICAN MEDICAL ASSOCIATION.

Please publish in the next issue of the JOURNAL the following extract from the Treasurer's report:

"Under the resolutions of last year, the volume of Transactions for 1857 (Vol. X.) now falls to \$2 00 apiece; that for 1858 (Vol. XI.) remaining at \$3.00 till the next annual meeting, so that the list of volumes for sale by the Association will now read—

Proceedings of first Meeting in 1846-7, organizing the				
Association,	\$0.50			
Vol. I., at	2.00			
Vols. II., III., and IV., are out of print.				
Vols. V., VII., VIII., and IX., if taken collectively,	5.00			
For the set, if taken singly, apiece,	2.00			
Vol. VI., at	2.00			
Vol. X., at	2.00			
Vol. XI., at	3.00			

These back numbers of Transactions diminish in number yearly, while some pass out of print. Those members who own broken sets and desire to complete them, will find an increasing lack of opportunity.

Vol. XII., for 1859, is now published, and ready for delivery—price \$3. Those gentlemen in this city or neighborhood who are desirous of procuring this or any of the back volumes, are desired to send their orders to Dr. H. D. Bulkley, 42 East 22d Street, N. Y.

Death following an Operation for the Radical Cure of Hernia.

The operation was performed by Mr. Ferguson in the following manner: An incision through the skin was made over the spermatic cord, the finger was then introduced and pushed up to the internal ring, carrying before it the subcutaneous structures; a needle armed with a strong thread was then passed up to the ring, guided by the finger, and was made to transfix the internal pillar; one end of the thread was drawn through and left free; the needle was now withdrawn, and the same steps adopted to transfix the external pillar, the needle being brought through the same opening in the skin; the ends were now tied over a box-wood pad, and a bandage applied. The patient died on the sixth day. No distinct account of the symptoms is given, and no autopsy was allowed.

Convention of Medical Teachers.

We desire to correct a statement which we inadvertently made in a late number, respecting the Convention of Medical Teachers to be held at New Haven on the day before the next annual meeting of the American Medical Association. In the number for December 13th (page 404) we said that the Convention would meet at New York on June 1st. It is the meeting of the Committee of Conference, appointed by the Convention and by the Association, which will be held in New York, June 1st, at the College of Physicians and Surgeons, corner of East 23d Street and 4th Avenue. The Convention of Teachers will meet on the following Monday, June 4th, at New Haven.—Boston Med. and Surg. Journ.

EDITOR'S TABLE.

RED INK.

The direction on the wrappers of the GAZETTE will continue to be written with Red Ink, in the case of delinquent subscribers, who are thus reminded of their shortcomings.

With many thanks to those who have promptly remitted their dues, we are sorry to be obliged, with this number, to strike one hundred and fifty from our mail book, for non-payment. If they repent, we shall soon hear from them, and they can be restored.

All who comply with our terms, by advance payment, receive their numbers free of postage. Only \$2 per annum, for a thousand pages.

As back numbers are scarce, new subscribers will be supplied from the date of their remittance.

Similia Similibus Curantur.

Our neighbors of the American Medical Monthly, from whom we would have expected better things, would seem to have become converts to this cardinal dogma of Homeopathy. Their new creed is announced in the following words in their January number for 1860, viz.:

"We have always believed that Quackery was to be met by the legitimate use of the very means employed by the Quacks themselves!"

Now, what are those means, the editors do not leave to inference, but set forth in the following words, viz.:

"A sick man wants to be well; he clings to hope, and the more dangerous his malady, the more eagerly he catches at the vaguest expectation of relief extended to him. This infirmity of the mind the Charlatan plays upon, and if the public press is shut against him, (?) or condemns him, even, (?) the walls of our houses, the trees that grow at our door, the lamp-posts which light our path, will be covered with his placards; while his circulars will be thrust into our hands at every step we take in our daily walk. The charlatan makes use of every device to reach his victim."

These and similar means, including lying advertisements, forged certificates, fabricated cures, fictitious residences, and the impious and profane use of the language of the Bible, and the blasphemous employment of the sacred names of God and Christ in connection with their

schemes of imposture, are the very means employed by the Quacks themselves!" And the American Medical Monthly urges their legitimate! use, by the regular profession!

It cannot be necessary to cite our Code of Ethics to show that no one of these "means" is, or can be, "legitimate," all being reprobated in terms. Nor would their employment by the regular physicians make them any less criminal than if used "by the Quacks themselves." We should only become Quacks by adopting their frauds and villanies.

The occasion which has led our confrères into this quagmire, out of which we would fain extricate them, for the honor of the craft, is, that a weekly medical newspaper, now published in *Philadelphia*, has impudently urged upon the "Convention for revising the U. S. Pharmacopœia," soon to assemble at Washington, to "supply the real or fancied wants of the people for 'Family Medicines!" Hear this sapient and legitimate editor!

Let the Convention adopt and make officinal a series of formulæ, calculated to meet the popular wants for ordinary ailments, such for instance as cathartic, anti-bilious, or tonic pills, cough mixtures, liniments, ointments, &c. By making good recipes of these, and other classes of medicines, officinal, a uniform and reliable series of medicines would be supplied to the public, and, if we mistake not, the severest blow that could possibly be devised be struck at the root of Quackery."

All this treason to the profession, for such it undeniably is, in an evil hour, is endorsed by the American Medical Monthly, following in the wake of the "Reporter;" and if their united counsels were followed, we should have, in the next edition of the Pharmacopæia, not merely all the "Family Medicines" of Dr. McClintock here proposed in ipsissimis verbis, but Swaim's Panacea, Jayne's Expectorant, Brandreth's pills, Ayres's Cherry Pectoral, &c., &c, "legitimately" endorsed by the profession. This is what they call "meeting Quackery by the legitimate use of the very means employed by the Quacks themselves!"

But why was Dr. McClintock ignominiously expelled from the American Medical Association? Because he announced in manner and form, that he had done precisely what Drs. Butler and Douglas here propose should be done, viz., legitimately get up "Family Medicines," after the precise programme of McClintock's advertisements. The very motives urged by these editors were avowed by McClintock, viz., to "put down Quackery by the very means employed by the Quacks themselves!" For this, however, he was driven from the profession,

and pursued through every lane of life by the very men who now propose to "steal his thunder," legitimately!

We then told him, and we now tell these editors, that their creed is all wrong, and they should "reform it altogether." The people who buy and swallow Quack medicines, do not want, nor will they have, "legitimate" quackery; nor any pills or potions which are officinal, or prescribed by the regular faculty. The charm of quack medicines is in their quackery and illegitimacy, and all that is necessary to make them sell is to advertise them enough. "My grandmother's pills," or "Doctor Frinkelschnitzenbrenkerstouffer's syrup," will take the wind out of the sails of the whole Pharmacopæia, Drs. Butler and Douglas included. Let our profession everywhere denounce and repudiate every phase of quackery, and all "the means used by the quacks themselves;" and above all, let no medical journal degrade the brotherhood by attempting to make fraud and imposture "legitimate."

New York Academy of Medicine.

At the last meeting, Prof. Simpson's paper on Acupressure of arteries was read by Dr. Geo. T. Elliott, to whom the author had transmitted it. It appears at length in this number, and has been referred to the Section on Surgery.

The subject of Diphtherite was resumed from the former meeting, when Dr. Jacobi, of the German Dispensary, repeated the extraordinary statistics, the report of which has so startled the profession and the public, the matter having found its way into the newspapers. More than 400 cases of so-called diphtherite having been reported as occurring among our German population within a few months, excited special wonder, since nobody else had discovered any very great prevalence of this form of malady in our city. This negative testimony was counteracted by the flattering information that a failure in diagnosis explained it, for the reason that very few physicians had ever seen the disease, or detected it when they did; of which fact examples were cited in proof, exceedingly humiliating to the profession here.

Dr. Krakowitzer, of Brooklyn, reported that he had recently seen twenty or twenty-four cases of diphtherite, several occurring in the same families, and discoursed learnedly on its difficulties and dangers.

On being called upon by the President for the differential diagnosis between this affection and croup, he maintained that "Croup was not

a disease, but only the effect of a pathological state!" though he seemed to be unprepared for any nice discrimination.

He was reminded that whether croup was a disease or not, diphtherite was certainly not a disease, by his own showing, its pathognomonic sign, viz. false membrane, being the fruit of inflammation, only coagulated fibrin, the obvious "effect of a pathological state." The discussion which followed on Croup, Angina membranacea, Cynanche maligna, &c., enlisted a number of the Fellows, and resulted in a general disclaimer of any belief in its being endemic or epidemic in our city, or that any cause of panic existed because of any new disease being rife among us. We hope that some left the Academy wiser men than they were before, which, however, will be seen at the renewal of the discussion, which was not terminated at the adjournment.

Mystical Medical Politics.

The editor of the Chicago Medical Journal, speaking of the recent stampede of the Southern students from Philadelphia, says, that "if a political movement, he should regret it. But if, on the contrary, it was the result of a returning sense of the mistake the young gentlemen committed in passing by the schools of their own States, especially for those of Pennsylvania, he cannot but commend their good judgment."

What do the words we have italicized mean? Would the "mistake" have been less if the young gentlemen had passed by the schools of their own States for the Rush Medical College at Chicago?

Our confrère is not alone in his wish for a more equal distribution of students, nor in his objections to five hundred being gathered on the seats of a single lecture-room, as at Philadelphia. So, also, there are many of the teaching brethren who will join him in "the hope that hereafter the medical students of the West will not be behind those in the South in their attachment to the institutions of their own particular sections!" But we are sorry to see sectionalism invoked in this connection. It is as bad as "Helper's book," which forbids employing Southern physicians. If this be not political, it would puzzle Dr. Brainard to find it. But Philadelphia will survive it; and we see no other way to have it otherwise, than to make a better school in Illinois than any they have in Philadelphia. Perhaps this is Dr. Davis's purpose and policy, in the Lind University; and if so, we wish him success. But sectionalism should have no place in science.

WOMAN'S HOSPITAL.

The 5th anniversary of this popular and useful institution was held on the 19th of January.

Dr. J. W. Francis, President of the Medical Board, pronounced an excellent address, and was followed by Drs. Stevens and Green, who warmly commended this charity.

Addresses were also delivered by Rev. W. H. Milburn, J. W. Beekman, Esq., Peter Cooper, and others, all of whom urged the early erection of the hospital building, which is sadly needed, for the reception of the numerous sufferers for whom there is yet no room; every bed being occupied, and applications being daily made by patients from every part of the country.

Dr. Sims read the annual report, but as it will soon be published, it may suffice to say that it makes an irresistible appeal to every philanthropic heart to sustain the honorable women, who, after all, have been the agents, under Providence, of all the benevolent results which have been attained, and without whom Dr. Sims and his co-laborers could never have succeeded.

Our warmest sympathies and best wishes have been with this charity from its inception by Dr. Sims, whom we regard as a public benefactor, and rejoice in his success.

NEW INSTRUMENT.

We have been favored with the description of a new surgical instrument, devised by Professor Paul F. Eve, of Nashville, Tenn., for the operation now performed in cases of vesico-vaginal fistula. It consists of a screw clamp and the twisted suture. As the article is accompanied by wood-cut illustrations, it reached us too late to have them engraved in time for this number.

Dr. J. O. Bronson, of this city, has also introduced a new instrument for the same purpose—that of dispensing with the clamp of Dr. Sims, and the button of Dr. Bozeman, in this operation.

At the Woman's Hospital, of this city, under the direction of Dr. Sims himself, neither clamps nor button are used, the silver suture alone having been found uniformly successful. Whether the new instruments afford facilities for the operation, as now simplified, future experience must decide.

A CARICATURE IN HYPERBOLE.

We clip the following from the Ohio Medical and Surgical Journal, being a part of an editorial comment upon the recent stampede of the Southern students from the Philadelphia schools. We do so for the purpose of entering our humble protest against its censoriousness and disparaging allegations, which will be echoed, no doubt, by every quack journal in the land; and re-echoed by certain trans-Atlantic critics, who will rejoice over it as furnishing evidence of the utter worthlessness of American medical literature, and this on the authority of our confrère at Columbus, Ohio.

Our protest is because of its lack of truthfulness, and we take occasion to deny its averments, and affirm that there is no truth in the passages which we have taken the liberty to italicize. We do this that our respected contemporary may have the opportunity to correct or explain, or admit that his hyperbolical assault upon the whole profession was intended as a caricature, and retract it. Should he fail to do so, we hold ourselves ready to prove, by irrefragable evidence, that, in an evil hour, he has drawn upon his imagination for his facts. We have little patience with the *croakers*, who are ever parading their own deficiencies, as characterizing the whole body of the profession. The fault in the picture is, that it is not true:

"As a Medical nation, we have scarcely doffed the swaddlings of infancy. Our institutions of learning are all, as yet, in the formative state. We are indeed as sappy as we well can be. We have no authors on any department of science. The unthankful business of collecting together the labors of others is the most that those of us who have aspired to authorship have shown ourselves capable of. As yet we have reared no specimen of the genus homo with capacity enough to invent a maxim or a saying worth recollecting, or that has lived over six months. Our ideas are not only all borrowed, but our words too. If we wish to say anything forcibly or elegantly, we must quote Solomon, Shakspeare, or the Classics."

Monsieur Tonson! come again.

We have just heard again of *Morton's* begging money from the "female brethren and weak sisters," whom he can whine into the belief that he had anything to do with Etherization, except to steal from Dr. Horace Wells the secret of his discovery, and then clandestinely appropriate its honors and emoluments to himself. Since the conclusive and summary action of the Connecticut State Medical Society, in vindication of Wells's claims, Morton & Co. have been wary enough to suspend their imposture. They are now beginning to

send out circulars on the sly; and if these documents did not still urge his pretensions to Wells's discovery, the urgent appeals for charity they contain would doubtless be successful. But Dr. Wells, though dead, is now placed upon his track everywhere, thanks to Senator Truman Smith.

STATISTICS OF MEDICAL COLLEGES.

We commence our annual table of the number of matriculants and graduates at each of the medical schools of the country, which will be corrected, and the blanks filled up, as information reaches us, for which purpose the page will be kept standing:

·	Students.	Graduates.
Jefferson Medical College	630	
University of Pennsylvania	515	
University of New York	411	
University of Nashville	401	
College of Physicians and Surgeons, N. Y	195	
New York Medical College	75	
Buffalo Medical College	70	
Massachusetts Medical College	196	
Medical Department of Yale College		13

Medical Politics.

Dr. Bradford, formerly member of the Assembly, has been nominated, by the Mayor, as Health Commissioner, in place of Dr. Jedediah Miller, who has held the place ever since he was an Alderman.

The lobby at Albany is busy in renewing the effort to reform the Health Department of this city, with a new bill creating a Board of Health, on a plan emanating from a clique in the Sanitary Association, which, if successful this time, will provide fat offices for certain doctors ambitious to serve the State and share the spoils. But while political influences govern the choice of medical men, there will be no Reform worthy the name.

A New Medical Journal

Is announced as forthcoming at Cincinnati, under the auspices of Professors Lawson and Blackman, both of them able men and experienced journalists. The more the merrier, and it will be supported, if sent to no subscriber who fails to pay in advance. We know the men, and that they can make a journal worth paying for.

PRACTICAL GLEANINGS.

Ascarides may be removed by an enema of cold water containing 10 to 30 drops of sulphuric ether.

Asthma.—The subcutaneous injection of a few drops of a solution of the sulphate of atropine, over the course of the pneumogastric nerve, has been successful, in France, in curing asthma spasmodica in numerous cases.

Caustic.—Dissolve 50 grains of prepared chalk in 2 drachms, by measure, of muriatic acid. Dissolve 150 grains of sulphate of zinc in 2 fluid drachms of boiling water. When these two solutions are mixed, a paste is formed containing one-sixth of pure chloride of zinc. This is preferable to any of the plasters used by the "cancer doctors."

Sore Nipples.—The latest remedy for these is a scruple of tannic acid, dissolved in an ounce each of alcohol and glycerine.

California.

Our friend, Professor E. S. Cooper, of San Francisco, favors us with another paper in this number, and we hope to hear from him monthly. His ardent zeal and laborious industry in his profession are the sure precursors of great eminence, and already we hear him complimented for his surgical achievements, as the Morr of the Pacific, and yet still higher honors await him.

Kentucky Eastern Lunatic Asylum.

The late Annual Report of Dr. Chipley, who has long been Medical Superintendent of this institution at Lexington, Ky., has just reached us. It is an able and instructive document, and merits the appreciation of the State Legislature, by the appropriations prayed for to meet the pressing needs of the Asylum, for enlarged grounds and new buildings to accommodate the numbers who are refused for want of room, though sadly needing the shelter and benefits of this noble and prosperous charity.

Tic Douloureux.

A highly valuable paper on this topic takes the lead in the Original Department of this number. It is by Professor Carnochan, and relates a case more remarkable than any found on record. We have seen the patient since his recovery, after the heroic submission to the numerous operations of so many surgeons, which are here described.

Maryland and Virginia Medical Journal.

Under this title, the Virginia Medical Journal is henceforth to appear, Dr. Van Bibber, of Baltimore, being associated with Dr. McCaw, of Richmond, in the editorial conduct. With so many and so able collaborators, superadded to the corps heretofore enlisted, this Journal, always excellent, cannot fail to be enhanced in value, and extended in circulation. We have long wondered that with so able men in the profession at Baltimore and elsewhere in the State, Maryland should be without a medical journal. This union with Virginia is timely and significant.

An Epitome of Braithwaite's Retrospect.

Under this title, Dr. Walter S. Wells has published the first of a series of five numbers, designed as a condensed summary of the practical matters contained in the forty volumes of the "Retrospect," a sort of multum in parvo, with a full index.

We commend the condensation to the patronage of the profession. It is issued by C. T. Evans, 114 Fulton Street.

Reduction of Hernial Tumors.

Prof. Richardson, of Cincinnati, reports his success in two cases of strangulation, by placing the patient on his hands, elbows, and knees, and then making steady pressure upon the tumor, the patient aiding by a full inspiration, followed by a strong and continuous expulsive effort, thus distending the abdominal muscles to the utmost. It is worthy of trial before resorting to the knife.

Treatment of Cataract.

Dr. Mark Stephenson's paper on the treatment of cataract, which first appeared in the "Transactions of the American Medical Association," for 1858, has received a favorable notice in the Glasgow Medical Journal, the critic concluding thus, viz.:

"On the whole, we regard Dr. Stephenson's essay as significant, not less of candid judgment, than of correct observation, and as contrasting strongly in his favor with some of the productions in the same department of medical literature, given forth by certain cormorants for fame, who evidently fancy that, by giving new names to old operations, ignoring the authors of long-established doctrines and practices, or propounding the most monstrous absurdities, they are sticking leaves of laurel round their wigs."

HOMŒOPATHY NOT RECOGNIZED IN EUROPE

The following correspondence, which sufficiently explains itself, has been furnished to the St. Louis Med. and Surg. Journal, by Dr. E. F. Smith, the efficient Health Officer of that city.

Messrs. Editors-It will be remembered by the readers of your journal, that in May, 1858, the Homeopaths of this city petitioned the City Council of St. Louis, to permit a portion of the City Hospital to be set apart for the alleged purpose of testing the so-called merit of Homeopathy: the real incentive, as we know, of their petition being, that its allowance might magnify the humbug into some professional consequence. Among the arguments they used in support of their petition, was the assertion, that Homenpathy was sanctioned by the crowned heads and nobility of Europe, and that European governments recognized it by permitting its teaching and practice in their hospitals. The falsity of this assertion was known to every one conversant with the state of medical matters in Europe; but that it might receive its emphatic contradiction from an official source, I addressed myself to the American Ministers resident at Vienna and Berlin, and to the Minister of Public Instruction of France, asking from the proper department of these governments a reply to the following questions:

1st. Is the teaching of Homeopathy authorized or permitted in any of the Colleges or Institutions of your government?

2d. Is the practice of Homœopathy permitted in any of the public Hospitals of your government?

3d. Is the private practice of Homoeopathy sanctioned in your government?

In reply, I received the following letters, which, as they will prove of interest to the profession, I give you for publication:

LEGATION OF THE UNITED STATES, VIENNA, July 19th, 1858.

Sir—In the absence of Mr. H. R. Jackson, Minister Resident of the United States at Vienna, I have the honor, in compliance with the request contained in your letter of May 14th, to transmit the following translation of a communication just received from the Austrian Minister of Foreign Affairs:

VIENNA, July 10th, 1858.

In his esteemed note of the 21st ultimo, the Minister Resident of the United States, Mr Jackson, requested the mediation of the Ministry of Foreign Affairs to obtain a declaration from competent authority on these points: 1st. Is the teaching of Homocopathy authorized or permitted in any of the Colleges or Institutions of Austria?

2d. Is the practice of Homeopathy permitted in any of the public

hospitals of Austria?

3d. Is the private practice of Homoeopathy sanctioned in Austria? The Imperial Ministry of the Interior, which was applied to, as it has charge of all medical and sanitary affairs in the Empire, has returned answer—to 1st, that in Austria, Homoeopathy is taught not by publicly appointed professors, but only by private teachers—to 2d, that this mode of cure is practiced, not in public Hospitals, but only in cloister, criminal, and private Hospitals—to 3d, that the private practice of Homoeopathy is permitted to every physician who has a diploma.

In the hope that the above will answer the wishes of the Hon.

Minister Resident, the undersigned renews to him the assurance of his perfect consideration.

(Signed.)

COUNT BUOL,

Minister of Foreign Affairs.

As these declarations come from the highest official source, I presume they will satisfy the objects of your inquiries.

Very respectfully, your obedient servant,

G. W. LIPPITT, Secretary of Legation.

To E. F. SMITH. M.D., St. Louis.

Sir—In reply to your letter of the 5th inst., in which your Excellency asks information upon the instruction and practice of Homcopathy, I have the honor to inform your Excellency that Homcopathy in Prussia is not admitted into the Universities nor Hospitals, nor other public institutions. Physicians are allowed, if they please, to exercise Homcopathy in private practice.

Returning to your Excellency the letter of Dr. E. F. Smith, of St. Louis, I beg you to accept the opinions of my very high consideration.

Berlin, April 15th, 1858. (Signed,)

RAUMER.

His Excellency, Mr. J. A. WRIGHT.

Envoy Extraordinary and Minister Plenipotentiary of the United States.

Paris, April 22d, 1858.

Sir—I take cognizance of the letter which you have written me, demanding of me information upon the subject of the teaching of Homeopathy in the Faculty of Medicine of the Empire.

The exercise of Homeopathy is not legally authorized in France. My administration has not authorized me to exercise any measure having reference to the teaching of Homeopathy.

Receive, Sir, the assurance, &c.,

The Minister of Public Instruction, ROULAND.

Dr. E. F. SMITH, St. Louis, Mo.:

These letters speak for themselves: coming as they do from the highest official sources of Austria, Prussia, and France, they palpably show that this humbag not only meets with no favor from the scientific departments of those governments, but is completely discountenanced by them.

Respectfully, E. F. Smith.

Diphtheria.

Dr. W. Godfrey Dyas is publishing a series of papers on this topic in the *Chicago Med. Journ.*, of which he is assistant editor. They enter into the literature of the subject, and thus demonstrate that the malady is nothing new, either to Europe or America, though the contagious as well as epidemic character of Diphtheria is maintained. The practical value of these papers renders it desirable that they should be collected and published in a permanent form.

Proceedings and Debates of the Third National Quarantine and Sanitary Convention, held in the City of New York, in April, 1859. Published by order of the Board of Councilmen of the City of New York, and printed at their press, as Document No. 9.

The issue of this volume by the public authorities is creditable to the city, evincing a just appreciation of the labors of a body chiefly composed of medical men, whose gratuitous and disinterested services in preparing so able and learned reports on questions of the highest public interest richly earned the compliment here paid them. The work is beautifully printed and elegantly bound, its style fitting it for the centre-tables of the most refined families; while its contents are instructive and interesting to every citizen. The public health is surely a topic sufficiently important to the million of inhabitants of this great city and its environs to justify the publication of one book by the public authorities, and at the public expense, devoted as it is to the exposition and diffusion of hygienic and sanitary information, for the prevention of disease, the avoidance of epidemic and contagious pestilence, and the diminution of our bills of mortality.

But our city is not alone to be benefited by this publication, since all of our Atlantic cities will share in reaping its fruits, as most of them shared in its preparation; for this was a *National* Convention, and had a representation of distinguished men, chosen for the purpose by the public bodies from which they were delegated, coming hither from the North and the South, the East and the West, to confer together for the common weal of our common country.

The proceedings and debates are here phonographically reported in detail, and at great length, occupying some 240 octavo pages, although the session lasted only four days. The Appendix, however, contains

the following erudite and valuable Reports, viz.:

1. Report of the Committee on Quarantine, prepared by Drs. W. Jewell and F. Condie, of Philadelphia, and Dr. W. J. Wragg, of

Charleston, S. C. This report is a thorough and practical review of the whole subject; its history, its uses and abuses, with the needed reforms, written by experienced and benevolent men.

- 2. Report on the *Internal Hygiene of Cities*, made by Drs. T. Miller, of Washington, D. C.; W. C. Van Bibber, of Baltimore, with aid from Drs. Morfitt, Muspratt, and others, and will be found to be of high interest and value.
- 3. Report on Sewerage, Water Supply, and Offal, by John H. Griscom, M.D., of New York, who has devoted himself for many years to these and kindred investigations, related to sanitary science; and has here condensed the fruit of his labors, in this department, for the public benefit.
- 4. Report on the Importance and Economy of Sanitary Measures to Cities, by John Bell, M.D., of Philadelphia. This document, covering 200 pages, and written by a professional veteran of the highest eminence in our ranks, will be regarded as the best production of his prolific pen; while its utilitarian motives and tendencies must place its author in high esteem. He has here exhausted the subject, and this report will be referred to by Sanitary authorities for a century to come.
- 5. Draft of a Sanitary Code for Cities, by Dr. Henry G. Clark, of Boston. This document is of great value, prepared by a practical man, who has distinguished himself in this department.

The volume, making over 700 pages, royal octavo, concludes with an account of the banquet, given by the Common Council to the Convention, which was most honorable to the city, highly complimentary to the Convention, and, it will be seen, passed off in a style seldom surpassed on such occasions. We commend the book, the Convention, the reports, the banquet, and all, but the proviso—Fomites!

The Stampede!

Dr. Luckett announces in the Richmond papers that over 300! students left Philadelphia for the South. Is this so? Has there been a second stampede? If so, who has caused it? Let all be held to their responsibility. Our New York students have had sense enough to remain in a state of equanimity.

Next Number.

Prof. Monkur's paper on Scarlatina in the Parturient State, and Dr. Clark's on Specialties, will appear in the March number.

New Books.

Dr. Hamilton, on Fractures and Dislocations, with Dr. Stille, on Therapeutics and Materia Medica, reached us too late for notice.

Receipts for 1860—not otherwise acknowledged, viz.:

Drs. Gambling, T. Green, T. T. Green, Vanvliet, Farlin, Platt & Nelson, Barstow, Doremus, Elder, Downs, Belcher, Kennedy, Francis, Beveridge, March, A. Smith, Cary, Parmly, Paine, Fitch, Delluc, Meakim, Levings, Passmore, Miner, Belden, Sayre, Cairnes, S. Griswold, Osborne, Wells, Vass, E. H. Davis, J. M. Smith, McClellan, O. White, Post, Chalmers, Jackson, Vanburen, Sims, Emmett, Doremus, Downes, Elder, Belcher, Kennedy, Brinsmade, J. Rowell, Carman, Naine, Morrisou, Barker, Wooster, Freeman, Hyslop, Lambert, Pond. 1859: Van Antwerp, N. Y. Hospital, Rouse, Kennedy, Eager, Marcy, Gouley, Beales, Jones, Wilbur, Cammann, Monkur, Stilwell, Frochleich, Frankel, Johnson, Meier, Coon, Jamieson, Heywood, Swift, W. P. Reese, Simpson, Hall, Enos, Hooker, Chilton, J. Miller, Regensburger, Bruninghausen.

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AT BROOKLYN, NEW YORK.

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AMERICAN

MEDICAL GAZETTE.

Vol. II.

MARCH, 1860.

Mo. 3.

ORIGINAL DEPARTMENT.

SCARLET FEVER IN THE PUERPERAL STATE

By J. C. S. Monkur, M.D.,

Formerly Professor of Theory and Practice in the Washington University, of Baltimore, Md.

MY DEAR DOCTOR—It is not my purpose to describe the history. symptoms, and varieties of scarlet fever, as they are well known to the profession. Every physician has met this fever in its simple and mild form, as scarcely to deserve the name of disease; but, again, such are its complications, irregularities, and malignancy, as to create anxiety and fearful apprehensions for the result. There are a variety of circumstances connected with scarlet fever which increase its unfavorable tendency: such as epidemic influences, early dentition, the period of weaning, leuco-phlegmatic habits of body, and the pregnant and puerperal states. We find in the books, that in some seasons more than in others, pregnant, and especially puerperal women, are liable to be attacked with scarlet fever; and when this association occurs, the disease assumes a dangerous form, and sometimes cannot be distinguished from the malignant form of puerperal fever; and when so complicated, they are almost inevitably fatal. This is the experience of Malfatte, Copland, Caspar, Morris, and other writers. during an epidemic scarlet fever in Baltimore of great malignancy, a number of cases came to my immediate care; others were known in the practice of other physicians in the city: all these cases, where the women were attacked on the first, second, and third day after parturition, died; some as early as thirty, forty, and sixty hours from the 11

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first illness, or observation of the symptoms of the fever. this epidemic, and in the one of 1848, as far as I could obtain information, not a female recovered, except one, in the practice of Dr. A. Snowden Piggott, with whom I was associated in the case. was attacked on the fourth day after confinement, and rallied with great difficulty; her recovery was attributed to the free use of brandy. In the five cases which were attended by me in the epidemic of 1832, and proved fatal, the process of parturition was natural and expeditions. Two hours after the accouchement, the women were left comfortable, promising a speedy and pleasant getting-up; when, from four to six hours afterwards, an urgent message announced their attack They were found prostrated and sinking rapidly, with a very frequent and almost imperceptible pulse, deep nausea, great anxiety, cold extremities, the eruption ill developed, scattered and irregular, of a dark violet color. Two of these women died within forty hours after the attack; the remaining three were sustained by treatment to fifty and sixty hours.

Autopsic examinations were made in three cases, without revealing any marked or appreciable alteration in the solids. There were no evidences of disease of the throat; the same healthy condition of the peritoneum; the lungs, liver, and heart were distended with dark, dissolved blood; the uterus loose, uncontracted, soft, full of fœtid lochia, and yielding readily, in its internal structure, to the pressure of the fingers. The brain was not examined, permission being refused to open the head.

In comparing these post-mortem evidences with notes taken at the dissection of several bodies during the prevalence of a malignant yellow fever in Baltimore in 1819, it is shown in these fevers, that whatever the cause may have been, its influence was primarily upon the blood itself, it being the only organ in which any morbid alterations were found. It would seem unquestionable that the first effect of the poison was to derange the physical properties of this fluid; and this vitiation existed even before the attack of the fever, and will account for the cause of the sudden and rapid termination in death of the patients. That the blood is black and diseased, in all fevers that are speedily fatal, is a truth supported not only by our experience in autopsic examinations, but by the experiments of others—with Magendie, Gmelin, Tiedman, Tweedie, Andral, and Stevens.

From 1832 to the present year, 1860, scarlet fever has maintained a presence in our city, and although sporadic in its character, has in

some seasons and years proved highly destructive to its victims. In 1855, scarlet fever was reported as appearing in different localities of the city, and frequently terminating unfavorably. In October of this year, I unfortunately met my sixth case, in the puerperal state, in the person of a young married lady, perfectly healthy. She went to the full period of gestation, (primipara,) up to the 22d November, 1855. when I was summoned, and found her in active labor. ing of the 23d she was safely delivered of a fine, healthy boy, and was comfortably put to bed at one o'clock of this day. the same evening, I was hurried to her in consequence of having a chill. followed by intense fever, great thirst, jactitation, distress of head, nausea, and constipation. The pulse 130, quick, somewhat full, and Careful examination of the abdomen revealed no uterine or peritoneal distress; the lochia present; had passed urine. this high excitement, and not suspecting the presence of scarlet fever. she was seated erect in bed, and bled from the arm to about twelve ounces, when a slight approach to faintness followed. The bleeding was succeeded by a purgative of calomel and rhubarb, to be followed by calcined magnesia or castor oil, until the bowels shall have been On the morning of the 24th, at my visit, I immediately discovered a deep and extensive rash of scarlet fever, with some throat distress. From my previous experience, I had decided, at once, to give an unfavorable prognosis as to the result, and insisted upon a consultation. At 11 o'clock of this morning I was met by my friends, Dr. Thomas H. Buckler and Dr. Francis Donaldson, who agreed in my diagnosis, and in the certainty of a fatal termination. She passed this day, also the 25th, and expired on the forenoon of the 26th; three days after the parturition, and fifty-eight hours from the first development of the fever.

No autopsy was allowed. Aside from the medical aspect, the sudden and appalling issue of these cases gave a terror at the possibility of meeting others, and with the same probability of fatal results. Fortunately, however, no other was witnessed until the present month, January, 1860, when I met with the seventh case. It presented itself in a previous healthy woman, aged twenty-two years, short stature, strong built; full time of gestation, (primipara;) natural and expeditious labor.

On the morning of the 9th January, 1860, parturition commenced, and was safely concluded at 6 P. M. this day. She was left comfortable.

January 10th.—Visited her at 10 o'clock this morning, and found her cheerful and hopeful, in the expression of those feelings of joy for her babe, such only as a mother can know.

6 P. M.—At this visit, an hour previously, she had had a slight chill, followed by high excitement; pulse 140; bowels confined. Careful exploration of the abdomen gave no evidences of pain or other inconvenience in the iliac or hypogastric regions. The forcible flexion and extension of the extremities gave no uneasiness; the tongue furred and moist; no throat distress; had passed urine; lochia present. There is a slight scarlet redness over chest, and shoulders, and neck. She was ordered viij. grs. of calomel, with vj. grains of extract henbane, in pill form, to be followed by calcined magnesia or castor oil, should the pills not operate before morning. She is allowed the free use of cold water for drink.

January 11th, at ten a. M., found the patient had spent a restless night; had vomited; the bowels had moved freely. The scarlet rash deep, and extending over the whole body. The tongue coated, and dotted red over its surface. She acknowledges to no distress of throat or abdomen; swallows well; pulse 135. She is restless. To take ij. grains of hydrargyrum massa, and iv. grs. pulvis Doveri, repeated every four hours. To take a table-spoonful of the solution of bi-carbonate of soda, (3j. to 3viij. water,) with 40 drops of spir. nitric ether between each powder. To have ice and cold water ad libitum. To have the surface sponged with tepid water, and a poultice of flax-seed and Indian meal over the abdomen.

- 4 P. M.—No material alteration in the patient; her bowels are closed; urinates easily and copiously; the eruption vivid; the breasts favorably engorged for the secretion of milk. She has had short periods of sleep. To continue medicines.
- 9 P. M.—The patient's condition the same. Has no uneasiness of throat, nor can any be detected in the abdomen or pelvic cavity; lochia present; bowels confined; urinates largely; eruption present; pulse 130. If awake during the night, the medicines are to be continued. Allow her cold water, and well-cooked, thin corn-meal gruel, as liberally as she wishes.

January 12th, 11 A. M.—She has passed somewhat a pleasant night in sleep. Her general condition not altered; tongue is red, smooth, and moist; no throat uneasiness; no abdominal pain or tenderness; bowels are confined; urine plentiful. The eruption present less vivid; pulse 135, quick and weak. She has taken the powders and solution regularly, and drank freely of cold water and gruel.

- 5 P. M.—No alteration in the condition of the patient. To continue medicines and drinks.
- 9 P. M.—She has been restless; the pulse 135; the tongue smooth, red, and dry; the skin is hot. To suspend the powders, and soda, and nitric ether solution for the night, and give her tea-spoonful doses of calcined magnesia, repeated to operations from the bowels.

January 13th, 10 A. M.—I find her restless, not having slept in the night. She had administered to her two tea-spoonsful of magnesia, which had moved the bowels twice. The purging has not benefited her; rather increased the frequency and irritability of the pulse, which is now 140. The countenance more expressive of exhaustion than any time previously. She has some griping uneasiness in the abdomen; urinates less; the eruption less distinct. She asks for the powders, as "they make her sleep." She is to take vj. grains pulvis Doveri, with one of the hydrargyrum cum creta, every six hours; and to resume the soda and nitric ether solution. To have the flaxseed poultice sprinkled with laudanum, and continued over the abdomen.

- 4 P. M.—The patient passed to sleep after having taken the first powder, and she says "very comfortably." "Will the doctor give her more of the powders?" Her improvement is evident since the morning visit. Her pulse now 120, better strength, less irritable and quick; the bowels confined; the former free discharge of urine returns. She is to continue the powders and solutions as before.
- 9 P. M.—The symptoms continue favorable. The medicines and drinks to be continued.

January 14, 11 A. M.—Found the patient had spent a better night than any previous one. The pulse had fallen to 100; the eruption fading and disappearing; the tongue moist, red, and the centres furring. All the other symptoms have improved; and this condition gradually proceeded until the present writing, January 26th, when the desquamation is nearly complete, and she is visited as a necessity of care, to meet any sequelæ which may follow.

It may be proper to mention here, that two children in another apartment of the house passed through the fever in a simple and mild form.

I shall offer no apology for the imperfections of this paper. My purpose is to solicit its readers, who may have seen cases of scarlet fever occurring in the puerperal week, to publish their cases and results, that the profession may be able to arrive at a more certain and satisfactory Prognosis and Rate of Mortality.

BALTIMORE, Jan. 16, 1860.

A New Operation proposed for Vesico-Vaginal Fistula, by which the Twisted Suture may be applied.

By PAUL F. EVE, M.D.

I submit to the profession an instrument by which the operation for vesico-vaginal fistula may, I think, be greatly simplified. The difficulties I have always encountered in attempting to relieve this most distressing affection, and the want of success even by the recent American improvements, have led to its suggestion; and without waiting to try it in a case, not knowing when an opportunity will be offered, the method is at once presented for the consideration of others. common with my professional brethren, I hailed with pride and pleasure the important practical additions made on this subject by our distinguished countrymen, Drs. Sims and Bozeman, and remarked at the time to a friend, when the button-suture was announced, "It is perfection." Subsequent experience, however, has taught me that something more is still required to heal vesico-vaginal fistula, with much degree of facility or success, and that almost any proposition promising amelioration in its treatment would be favorably received. for proof that I am not singular in this respect, in the publications of those who have operated, nearly all have testified that it is a very painful, tedious, complicated, and uncertain operation.

The plan proposed is, by a screw-clamp, so to project the edges of the fistula that it may be closed by the twisted suture.

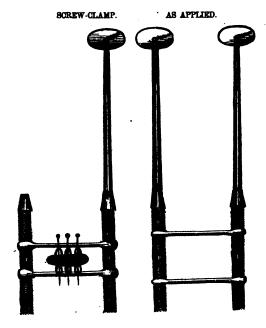
This instrument consists of two thumb-screws six inches in length and a line in thickness, with the threads cut three inches one-half of the way right, and the other half left-handed, on each of them, so that two clamps through which they pass may be made to approach each other by turning the screws. It is made of polished steel, except the edges of the clamps, which have small projecting teeth, to prevent their gliding over the mucous surface of the vagina when applied to it. I have these put one-fourth of an inch apart, with a projection one-eighth of an inch slightly curved towards the fistula. The clamps themselves may be bent towards the vaginal surface.

The patient is placed upon her knees and elbows, with Dr. Sime's lever-speculum introduced; the screw-clamp is then applied, with one of the clamps three-fourths of an inch anterior, and the other the same distance posterior, to the fistula. While thus held in position, by means of a curved catheter or forceps passed through the urethra into the bladder, the fistulous opening is pressed between the clamps,

or with a pair of forceps or hooks the edges may be drawn between them, and the screws turned so as to close upon the fistula. The handle of the right-hand screw, or one-half of its entire length, is made movable, so as to be detached, to give room for manipulation. The lips of the fistula are now denuded with the knife or scissors, pins thrust through them, ligatures twisted around their points and heads, the instrument unscrewed and removed, and the operation will have been completed.

I prefer the figure-of-8 suture, and it may be tightened after the screw-clamp has been removed. The points of the pins should be cut off, and they themselves may be prevented ulcerating the vagina, by the interposition of some soft material. The ligature may be thread or wire, and a single loop will answer every purpose. Probably silk would be best.

The accompanying cuts will render more easy of comprehension this instrument, which I call the screw-clamp. It is represented half size.



The advantages proposed by this new operation are:

It may be performed in fifteen to twenty minutes; an important

consideration, when we recollect the position of the patient on her knees and elbows.

The fistula is fully exposed.

Hæmorrhage is prevented by the pressure of the instrument.

We avoid wounding the bladder.

Broad surfaces can be brought in apposition.

The line of union is seen throughout the treatment.

The after-treatment may not be as rigorous as that now recommended. The bowels may be moved after the second or third day, and then kept in a laxative condition; the patient may begin early to use the catheter herself at short intervals, and her diet may be a little more generous. The horizontal position should, however, be observed most of the time.

The apparatus is readily removed, the instrument itself, and then the sutures, simply by withdrawing the pins. Who, let me ask, has not experienced difficulty in detaching the metallic suture, in some cases so great as even to interrupt the healing of the fistula?

It is comparatively free of danger.

The method is far less painful. In my six cases, every patient has complained most distressingly of the Sims and Bozeman operations.

Though not adapted to all cases, this operation no doubt can be applied to the large majority of them.

I leave to others willingly, who may feel disposed to try the plan here described, to determine its value, or it may be to improve upon it.

Mr. Schott, of Nashville, Tennessee, makes the screw-clamp, at five dollars.

SPECIALTIES AND SPECIALISTS.

One science only will one genius fit, So vast is Art, so narrow human wit; Like kings, we lose the conquests gained before, By vain ambition still to make them more.

The word Specialty and Specialist would seem to be of modern coinage. The latter term has come to be applied to those who devote themselves mostly to one particular department of scientific inquiry.

Some appear to regard the term Specialist, when applied to a medical man, as opprobrious; for what reason, it is not evident. The

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necessity of Specialism in medicine is so obvious, that it would appear like arguing a truism to defend it. The experience of many who are included in this category proves that there is a disposition on the part of some of the profession to underrate their efforts and to undermine their reputations. This leads the public constantly to confound the educated specialist, who loves the science, and does all that he can do to promote it, with the uneducated mercenary, who keeps secret his experience and his remedies, and whose only love for medicine is in the gain which it procures. Every medical man of any considerable experience has learned to lightly esteem public favor. It is easy to make a popular reputation. The public smile as benignantly upon the ignorant adventurer or the successful empiric as upon him of scientific attainment. Every real physician greatly prefers the approval of his brethren, to popular favor, or even popular fees, if obtained with their disapproval. It is not strange, therefore, that some should hesitate to enter upon a course of specialty which seems to be so beset with difficulties, and especially with perils, among brethren. If special investigation leads to practice, which is of course generally the object of study, the successful physician hears himself spoken of as ambitious; as if ambition were in any wise illaudable, and were not necessary to success, unless it leads to a departure from the spirit of our ethical regulations, most of which are wise, and the observance of which is necessary. Having patiently investigated facts in a particular direction, and having, perhaps, developed new and important truths, the specialist looks to his brethren in the profession for their approval, and is obliged, it may be, to hear the intimation that his status is equivocal, notwithstanding that he has hitherto maintained a character for ability and esprit du corps. If eminently successful, he has been forced to learn that,

"With fame, in just proportion, envy grows;
The man that makes a character, makes foes."

Thus, the timid are sometimes alarmed, the public misdirected, and the advance of science is retarded. There are men now before the public who, when dead, will be regarded as great discoverers—as having advanced the interest of science, of the profession, and of humanity, who, while living, are often spoken against. Other professions in this respect are regarded as more liberal than ours; still, human nature will crop out, in all the circumstances under which men meet each other.

The time was within our recollection when a young man could ride with the doctor for a few months, and learn about all that he knew. A few weeks with "Bell's Anatomy," a look into "Thomas's Practice," with some pestle-and-mortar experience, was about all the office preparation necessary. The rest was left to be learned at the bedside. In those days the public were easily satisfied. They expected little, and they got little. A man might then hope to live long enough to know about all that was generally known of medical science. We have fallen upon far different times. Our lot is cast in an age when diligent study and years of attention are necessary to learn what none should be satisfied without acquiring. A longer time still is necessary, if perfection is aimed at in any of the many departments of medicine. Dr. Bigelow says: "The constituent branches of medical science are so expanded that they are not acquired, by any physician, in a lifetime." The same is true even of many of the individual The necessity of division in Medicine was apparent to the profession as early as the days of Herodotus; although this, the second King of Egypt, wrote the anatomical books. In the Hermaic books, a whole chapter is devoted to diseases of the eye. Clement says a class called Pastochore were obliged to know all things relating to the body, diseases, and remedies, contained in the second book of Hermes. Cyrus sent to Amasis, the King of Egypt, for an oculist. Many ophthalmic diseases to-day bear the names given them by Greek If necessary in ancient days to divide up the branches of science, how much more in this our day of expansion and discovery! In Chemistry, no man is familiar with all the recorded facts, and all that is to be known or taught in that science. Organic Chemistry, though still in its infancy, is taught in many volumes. Still, every well-educated physician must of course understand the grand principles of Chemistry. Materia Medica tells of thousands of substances which have been, or may be, employed in practice. How little is known or remembered of that which is recorded in our plethoric dispensatory!

Pathology has grown into a science so large, that all the facts relating to it cannot be appreciated by those eminent men who devote themselves to this department of medical science.

Etiology, which is of superlative importance, presents a broad field for investigation and an endless source of inquiry.

To become a thorough anatomist is the work of a lifetime; of in-

dustry, genius, and abilities of the highest order. How few satisfy themselves in this department!

General Surgery presents a variety of experience, and requires a dexterity of manipulation to which some are not adapted, and in which not a large number excel.

Diseases of the Chest—Diseases of Females—Diseases of the Eye and Ear—Diseases of the Genito-urinary Organs—Insanity, and Diseases of the Brain—Diseases of the Skin, or even Pharmacy or Dentistry, formerly practiced by the physician, each furnish sufficient occasion for labor and thought to satisfy most minds, and few will regard themselves as fully understanding the subjects of their choice.

The necessity of familiarity with special branches is admitted in the appointment of professors to teach each in their special department; and if specially competent to teach, why not to practice? The one is as legitimate as the other.

No painter would expect to become eminent in his profession if he sought proficiency in every department of his art. Some artists paint only with water-colors, others in oil. Some devote their lives to landscapes, like Claude Lorraine and Salvator Rosa; others wholly to animals, as Herring, Rosa Bonheur, and Landseer. Some to domestic scenes, as Collins. Many give themselves wholly to historic painting, as Horace Vernet; others to fresco; and many to potraiture art. Each of these classes is subdivided into others; for example, portrait painters are divided into miniature painters, and those who paint the larger size. Each branch is regarded as in itself almost a separate art; still, precisely the same general principles must be fully learned and constantly applied. With each there must be the same familiarity with colors, and an acquaintance with the art of blending them. Success in the one department indicates almost certainly that success could have been attained in the others. however, is not so universally the case, perhaps, as in other professions, because painting, like poetry and ventriloquism, is a peculiar and special gift, which is bestowed upon comparatively few. Division of labor is far more necessary in order to secure the highest advancement of medical science than in any branch of science or art. Let us inquire iato the habits of lawyers. Here we find the principle of division of labor fully established. They do not try to be great everywhere. Some devote themselves to criminal business; some to the Admiralty courts, which do business only with matters connected with shipping It is said that some eminent lawyers never appear except

in these courts. Other lawyers are devoted to Chancery business; and another class are called Commercial lawyers. Patent business fully employs the time and services of another set of advocates; while others are devoted to Conveyancing; and others still, to Real Estate operations. In England, Scotland, and on the Continent of Europe, there are found further subdivisions. No man who knows anything of medical science will believe that there is less necessity for subdivision in Medicine than in Law. In Theology, there is observed to some extent the same diversity of gifts and the same division of labor. Some are made for logic, others for moral painting; some for writers, others for speakers. A good Divinity Professor might not be qualified to fill the pulpit of the Plymouth Church, or the man for that place, the Professor's chair. Division of labor lies at the foundation of the surpassing perfection of English manufactures. Most trades in this country are now subdivided into many branches.

A residence of nearly two years in Europe afforded us frequent opportunities to observe the difference between American and European physicians. In rudimentary and technical studies they perhaps exceed us; in practical inquiry, and particularly in actual practice, we, as a whole, greatly excel. Observers of larger experience have made the same remark. As general practitioners, we believe that we of this country are nowhere excelled. This is owing to the fact that we are educated to the practice of medicine and surgery in all their branches. There are reasons for this difference peculiar to this country. Ours is more thinly populated, and large towns are less frequent. The populated parts of Europe abound in cities. Many of our best physicians spend their lives in places so remote from cities, and so far from opportunities of consultation, that they are forced into habits of absolute self-reliance. In order to be successful, they must become familiar with the general principles of medicine, and to some extent with practice in all branches. To the full extent of their ability, they must be equal to all sorts of emergencies. When it is remembered how large a portion of the time of a country practitioner is spent on the road, how incessant his engagements, how almost impossible it is for him to pursue his studies topically—which, as most minds are constituted, is the most profitable-it will be perceived that, though his solitary life will induce thoughtfulness and self-reliance, he will fall very far short of satisfying himself in any single department. over, his attention being mostly confined to diseases of his own locality, he may be little familiar with the origin, causes, and development of disease, as it manifests itself in other sections of the country than that embraced within his own circle of practice. When emergencies arise, or an unusual case presents itself, and the country physician desires to obtain the counsel of one who has pursued special investigation with all the advantages of observation which a large city affords, it is a great relief to him to know where he may confidently direct his patient. If not advised, and often even when directed, his unfortunate patient falls into the hands of one of those mercenary quacks whose advertisements have made their names familiar to the residents of the country, and which abound in every large city throughout the world.* We doubt not the observation of most readers will sustain this view of the subject.

No man who has the esprit du médicale, which is necessary to success in this profession, and to the comfortable practice of it, will ever willingly relinquish general practice; nor can he, without becoming rusty, and losing confidence, and competency even, in this department, which principally occupies his attention. Circumstances-such as ill health, a very great pressure of engagements, in connection with his specialty, or the duties of teaching-may force him unwillingly to relinquish in a great degree, or wholly, in some few cases, his general practice. Still, he is not therefore to be regarded as any the less a legitimate and regular physician, entitled to all the confidence which he had earned while his engagements were of a less special character. Most physicians sooner or later find themselves attracted more especially to some department of their art; some from taste, some from accident, others from the consciousness that creeps over them insensibly that they cannot be everywhere as perfect as they desire. leisure thoughts are directed to this class of topics. We advise that this be done, not accidentally, but deliberately and early. Said an eminent physician to us while this paper was in the course of preparation. "I wish that I had earlier understood in what field of inquiry I could best excel; I would have concentrated my powers instead of wasting much of my life, and exhausting my energies in the vain endeavor to accomplish that which I could only do with difficulty." It would be naturally absurd for a man constitutionally timid, and without me-

^{*}For example, a case of elephantiasis might be directed to Carnochan, or calculus in the bladder to Parker; of vesico-vaginal fistula, to Sims. There are many excellent physicians who would not be willing to treat such cases, because they have had no experience.

chanical genius, to aim at great proficiency in general surgery. The same might be said of other branches.

Every material advance in medical science, during its most progressive period the last half century, has been by men who have enthusiastically devoted themselves to some particular department of science—who have deserved, if they have not received, the name of Specialists. It is hardly necessary to refer to Harvey, Jenner, Hunter, Bell, Cooper, Laennec, Corvisart, Hope, Dupuytren, Pitcher, Kramer, Zinn, Sæmmering, Richter, Bath, Beer, Haller, Tyrell, Middlemore, and others, who are the pillars of science.

In later days, we have many upon whom the mantle of these departed great men seems to have fallen. Among these we may mention Rokitansky, in the department of Pathology, who, four or five years ago, had dissected thirty-two thousand bodies, and is still diligently dissecting more. In the same department others are immortalizing themselves. In diseases of the kidneys, Bright has made his name immortal; and Hibla, of Vienna, has scarcely earned less fame in diseases of the skin; Langenbeck, Gagen, Van Ammon, Himly, Saruden, Guthrie, Farre, Scarpa, Travers, Valote, Morgan. In diseases of the eye, we have Graepe, Lichel, Desmarres, McKenzie; and Lawrence, Toynbee, Wilde, and others, are devoted to diseases of the ear; while Louis, Skoda, Trousseau, and others, devote themselves to diseases of the lungs and air-passages. Among eminent European Specialists must not be omitted the names of J. Henry Bennett, Tilt, Tyler Smith, Simpson, Montgomery, Canzoni, as Gynicologists, to use a new phrase, meaning those treating diseases of females; nor must we omit the great names of Müller, Carpenter, Diffenbach, Ricord, Razier, Lisfranc, Civiale. There are other great men laboring in Specialties which relate to science collateral with our For example, in Chemistry we have Faraday, Berzelius, Dunas, Liebig, and many more. We have men at home who deserve equally honorable mention, but, alas! the prophet is not without honor save in his own country. Men are much like wine—they need to be put away in a vault; and after the mould of a generation has gathered upon them, they begin to be fairly appreciated. those who "live in fame, though not in life," we have the names of Bushe, Rodgers, Swett, Wallace, Bethune, Reynolds, and others; and among the living we have laborious workers in every special department of Medical Science. We will name a few representative men in several departments. In Surgery, Mott and Stevens have

Parker, Carnochan, Detmold, and Wood earned an enviable fame. follow hard after them. In Etiology and Statistics, Griscom and others are constantly developing new truths; while, as Gynicologists. Sims, (whose reputation is enduring and world-wide,) Sabine, Gardner, and others are pursuing their investigations. Moses is devoted to diseases of the Rectum. In diseases of the Eye and Ear, the veteran Delafield heads the list, which Wilkes, Reynolds, Bethune, Dubois, Littell, Hays, and Clark, of Boston, help fill up. In diseases of the Chest, the world furnishes no more diligent investigators than Clark or Cammann; and as an original observer, the world recognizes the labors of Green. In diseases of the Skin, everybody has heard the name of Bulkley. In Chemistry, who is abler than Draper, Torrev. and Doremus? While in other special departments of science we have Agazzis and Henry, Shepherd, Hitchcock, and Maury. list is long as it is honorable. It is hardly safe to particularize, for many equally worthy of mention will be omitted, whom, if we do not honor, posterity will. God speed them in their labors! may they long live to continue them! It is true that in Europe the great Velpeau, who is a miracle of mind—a Napoleon in his profession distinguishes himself in many special branches. But his example is no guide to ordinary men. In the department of the diseases of the eye. Graepe, of Berlin, is accomplishing wonders. It is said of him. "All old theories are thrown to the wind." The facts which have been noted in more than a hundred thousand diseased eyes which have come under his observation—these are the basis of his practice. is the great Oculist of Europe. Other Specialists seem to be approaching the limits of thought in these several departments.

There is a heaven-wide difference between the educated Specialist, who, after being thoroughly grounded in the first principles of his art, and having surveyed fully the whole ground, acquiring a fair knowledge of each branch; who, guided by taste or personal adaptedness, or other motives, determines to fully acquaint himself with all that is known, and to acquire all the new facts which by investigation he can obtain in one single important department, cheerfully imparting this knowledge; and he who, without competent education, enters practice in relation to a particular organ, and, with little experience, professes to be able to prescribe, boasting, perhaps, of some secret process or remedy. The public cannot understand the difference, but the profession can, and ought to distinguish between the two classes. The public do not know, as do the profession, that man is a net-work

of sympathies; that every organ is intimately connected with every other organ; that disease is not a unit; that there are but few specifics, and that, from the nature of the case, there never can be. The profession should help the public distinguish between Clark and Cammann, and Fitch and Hunter, or Wilkes and Wheeler, or Francis and Beach. There were just such quacks who dealt in specifics in the times of Herodotus, some of whom professed to cure diseases of the head, others of the bowels, others of the legs, &c. A gentleman remarked to us the other day, that he always called to his family one doctor for dysentery, (a Thomsonian;) another to his children, (a Homeopathist;) another to bone troubles and rheumatism, (a "bone-setter.") This sort of specialism he appreciated, but the kind defended in this paper he did not understand.

To this class of Specialists Lord Bacon alludes when he says, "In particular sciences, we see that, if men fail to subdivide their labors—as to be an oculist in physic, or to be perfect in some one tittle of the law—only on the like they may prove ready and subtile, but not deep or sufficient; no, not on this subject that they do particularly attend, because of that consent which it has with the rest." Two cases have recently fallen under my observation which illustrate the sympathetic relation which exists between the eyes and the rest of the human structure. We shall merely allude to them, leaving this subject, with the design of making it the theme of a future paper.

A lady applied to us for the treatment of conjunctival ophthalmia, for the cure of which she had been treated in various ways for several years, without success. On careful inquiry, it was found to date back to an exposure at night during the menstrual period. The restoration of this secretion resulted in entire recovery. Another case is that of a lady who had been treated for amaurosis for a full year, without success. She was cured by the dilatation of the neck of the womb. The affection of the eye was wholly one of sympathy.

No man can hope to obtain eminent success legitimately in any special branch of his profession without thorough education at the outset, and life-long diligence. There are many tempting fields of investigation yet to be entered upon. We are all wading in water a little too deep. Let us plant a stone somewhere, that we may stand securely, if elsewhere we are in danger of sinking. Let us send down a tap-root that shall hold us erect, if in danger of falling. If I had half a dozen sons to introduce into the profession, I would urge them

first to secure a complete and practical medical education. I would then impress upon their minds the truth of the old adage,

"Ars longa vita brevis."

I would counsel them to set up a high standard of attainments, but not to dissipate their powers, and waste their energies by a fruitless endeavor to accomplish a work that death would surely arrest. I would urge them to have a definite aim, and to undertake only that which they might hope to live to accomplish. It dispirits and debilitates the mind, and keeps it out of working condition, to be forced to find one's self outdone in every department of the science, that it is the business of life to acquire. We would desire one son, perhaps, to study most especially the principles of Surgery, to become familiar with the diagnosis of surgical diseases, and to familiarize himself with all sorts of surgical appliances. We would tell him to handle tumors, dissect surgical regions, and to study the mechanical forces concerned in fracture and dislocation. We would tell another to watch carefully at the bedside, to become a well-qualified nurse; to study the habits and wants of the sick; to learn to sit by the cradle of the invalid infant, and by his inarticulate gestures learn his little wants, and study his case. We would tell him to familiarize himself with fevers, their causes, origin, and treatment; in short, to make himself an accomplished general practitioner, having added to these accomplishments a perfect understanding of the obstetric art. advise the next to become competent to treat all diseases of females; another, diseases of the skin; another, diseases of the respiratory organs, or of the eye and ear. They would thus feel that if they failed in some departments of practice, in some others no man could teach them. Thus, a healthful self-respect would be preserved. branch of their choice they would find themselves daily acquiring some new experience in proportion to their diligence. They would thus be able to look back upon a life usefully spent;

> "And, departing, leave behind Footprints on the sands of time."

The war against Specialists has been fought out in Europe, and it may as well be abandoned here. The Specialist is obligated to be truthful to the public, and honorable in his relation to the profession. It ought not to be a subject of complaint that he sometimes obtains more publicity than he who gives himself wholly to general practice. This is fully counterbalanced by a loss of business in other

departments, in consequence of particular devotion to the one of his choice. The confidence of the public in the profession is much weakened, and quackery is strengthened, by the abuse often bestowed on those who gain reputation in some one department. Some of the smaller journals join the cry, and maliciously mingle together the educated Specialist and the ignorant pretender. Two columns of such abuse is copied into the Medical Reporter, of Philadelphia, for May, 1859, from the Peninsular and Independent Medical Journal, and commended as well-timed, and is fully endorsed. Here is a specimen:

"There is no man so dangerous to the integrity of the human windpipe and its appurtenances as the throat-man. There is no man so prolific in mischief to the fairer portion of the race as he who displays,
as the peculiar badges of his ministry, the speculum, the porte caustique, the sound, and the multiform pessary." Diseases of the eye
and ear, and other specialties, attract the attention of the journalist.
He speaks of them all as "unmistakable quackery," "that has grown
up insidiously within the very sheep-fold of the profession." Probably the writer is soured for the want of business, or is too lazy to
keep posted even in a single branch; or may be he is a man of such
distinguished ability as the one that he describes nearer the close of
his article, thus: "He only is a reliable practitioner who has drawn from
every well at whose bottom truth is; who has thoroughly grounded himself
in the love of experience, and the wisdom of research in ALL science."

It is feared that there are very few reliable practitioners of this pattern. Such ridicule only reacts, especially when so indiscriminately cast. As well might an architect confound, in his strictures, towers erected in the sand, which, by their showy appearance, challenged admiration, with heavy steeples, that are built upon massive stone edifices, having deep and solid foundation. The truth is, that there is no attempt at discrimination. Nothing would satisfy such writers, except that all others sink to their own level, and agree to advance no faster than they do. If he gets to the bottom of "every well," they are surely shallow ones. If really grounded in all science, he would have more sympathy for those minds who found "research in all science" more than they had time or talents to accomplish.

There are no truths more worthy of investigation, or more important to mankind, than those which engage our attention; nor is there any field of inquiry so fruitful in results. The Theologian deals with truths fully revealed; he has only to expound them. The man of

Law has to make himself acquainted with principles and precedents well established, and fully recorded. His efforts, properly directed. secure the peace of society, and operate to the pecuniary advantage of his clients. Our duties concern man's most valued, and most valuable, possessions—health and life. Our efforts are less public, and their results are less apparent, and therefore they are less appreciated. The lawyer is always paid more cheerfully than the doctor. Men expect their property to take wings and fly away, without all the vigilance which they can exercise, or pay for; but they expect to have preserved to them for an unlimited time about the same amount of health that they at present enjoy. If they are ill, and improve, it is due to a "good constitution;" if they become worse, it is a fault of the doctor. We must not rely upon or expect popular appreciation as the reward of our labor, but upon the conviction that we have lived to some purpose; that we have blessed mankind, and have performed our whole duty. With this spirit to guide us, in no profession may we be more useful, or better earn the plaudit, "Well done, good and faithful servants." But, to be satisfied that we deserve such commendation, requires incessant study. The student-life of the honest physician is never passed this side the grave, for retirement is seldom practicable. He must think on, and think ever. Unlike the lawyer. he must digest his own precedents. His must be an individual experience. His eye must be educated to see; his finger to touch; his reflective faculties to perceive; and his judgment to decide. Books teach only a small part of what he has to know. He must learn to rely upon them less than upon himself, and to become an independent thinker, if he would hope to acquire anything like eminence in his profession.

In the course of years, the Physician has seen so many theories exploded, has so often been obliged to return to first principles, that he is in some danger of becoming hyperskeptical. He may settle into a sort of conviction that the advancement of the science has ceased; that the medical world is learning no more. Some men, when tired of inquiry, reach a lazy age, or acquire indolent habits, and seem determined to believe that progress ceased when they relinquished their studies. Such men, when there is presented a wonderful discovery like that of Sims, which opens up unheard-of blessings to womankind, though modestly urged, and kindly presented, and fully demonstrated, still doubt, and skepticism takes the place of confidence and welcome.

It ought not to be necessary that men die first, as Jenner did, before their claims are admitted.

There is a strong tendency in the human mind to expect to find nothing true except in the direction in which it is accustomed to look. Thus, a class of theological inquirers fail to appreciate truths, which would be to them very apparent, if the names of things were changed. and certain prejudices could be overcome. As a profession, we do not rise wholly above these prejudices. We do not always welcome every new-comer, who desires honestly to present fresh facts, if they conflict with our previous opinions. While this is sometimes true, on the whole, we are eager to learn new facts, which shall assist us in combating disease, or fighting off the great enemy of mankind. Our hatred of quackery, which does us honor, and our chronic determination to resist all secret nostrums and secret mongers, may induce hs to overlook, or fail to appreciate, some truths within our reach. We cannot entirely ignore all that is denominated quackery. not forget that many of the most valuable remedies in our Pharmacopæia were originally introduced as secret nostrums. are Mercury, Peruvian Bark, Antimony, James's Powders, Colchicum, Paregoric, Elixir, our Compound Cathartic Pill and Black-Drops, and many other useful remedies. Many of these have been rescued from the domain of quackery, in some cases, at least, by special investigators.

We may learn some practical facts from the pathies and pathists of the day, as well as from nurses, and other ignorant observers. Homeopathy has perhaps increased our respect for the vis medicatrix natura; also suggested a more careful adaptation of our remedies to each particular case; and further, that if the remedy is appropriate, a, small dose will frequently answer the purpose. Hydropathy has revived the experience of Dr. Currie. This new Motorpathy, which appears to have originated in the North of Europe, teaches us the value of local as well as general exercise. Of all the novelties outside the profession, it seems to us this is the best. This hatred of Charlatanism, and our steadfast refusal to have nothing to do with its gains, is an evidence of our honesty and single-heartedness. That we reject with disdain the abortionist, the mercenary, the cheat, and to such an extent keep our eyes fixed upon the great central idea, of the diagnosis of diseases, and the curing of them if we can, ought to earn for us far more popular appreciation than it does.

SELECTIONS.

The Physiology of a London Medical Student.

By "Punch."

The following is a continuation of the College Life of a Medical Student. We have described the manner in which the first season of the new man passes, and taken him through his Latin examination. He now, in anticipation of his final examination, begins to think seriously of cramming his brain with ready answers to all questions that may possibly be put to him. For this purpose he employs what is termed a "Grinder."

OF THE GRINDER AND HIS CLASS.

One fine morning, in the October of the third winter session, the student is suddenly struck by the recollection that at the end of the course the time will arrive for him to be thinking about undergoing the ordeals of the Hall and College. Making up his mind, therefore, to begin studying in earnest, he becomes a pro tempore member of a temperance society, pledging himself to abstain from immoderate beer for six months; he also purchases a coffee-pot, a reading-candlestick, and Steggall's Manual; and then, contriving to accumulate five guineas to pay a "grinder," he routs out his old note-books from the bottom of his box, and commences to "read for the Hall."

Aspirants to honors in law, physic, or divinity, each know the value of private cramming—a process by which their brains are fattened, by abstinence from liquids and an increase of dry food, (some of it very dry,) like the livers of Strasbourg geese. There are grinders in each of these three professional classes; but the medical teacher is the man of the most varied and eccentric knowledge. Not only is he intimately acquainted with the different branches required to be studied, but he is also master of all their minutiæ. In accordance with the taste of the examiners, he learns and imparts to his class at what degree of heat water boils in a balloon-how the article of commerce, Prussian blue, is more easily and correctly defined as the Ferrosesquicyanuret of the cyanide of potassium--why the nitrous oxide, or laughing gas, influences people to make such asses of themselves; and especially, all sorts of individual inquiries, which, if continued at the present rate, will range from "Who discovered the use of the spleen?" to "Who killed Cock Robin?" for aught we know. They ask questions at the Hall quite as vague as these.

It is twelve o'clock at noon. In a large room, ornamented by shelves of bottles and preparations, with varnished prints of medical plants and cases of articulated bones and ligaments, a number of young men are seated round a long table, covered with baize, in the centre of whom an intellectual-looking man, whose well-developed forehead shows the amount of knowledge it can contain, is interrogating by turns each of the students, and endeavoring to impress the points in question on their memories, by various diverting associations. Each of his pupils, as he passes his examination, furnishes him with a copy of the subjects touched upon; and by studying these minutely, the private teacher forms a pretty correct idea of the general run of the "Hall questions."

"Now Mr. Muff," says the gentleman to one of his class, handing him a bottle of something which appears like specimens of a chestnut colt's coat after he had been clipped, "what's that, sir?"

"That's cow-itch, sir," replies Mr. Muff.

"Cow what? You must call it at the Hall by its botanical name —Dolichos pruriens. What is it used for?"

"To strew in people's beds that you owe a grudge to," replies Muff; whereat all the class laugh, except the last-comer, who takes it all for granted, and makes a note of the circumstances in his interleaved manual.

"That answer would floor you," continues the grinder. "The dolichos is used to destroy worms. How does it act, Mr. Jones?" going on to the next pupil—a man in a light cotton cravat and no shirtcollar, who looks very like a butler out of place.

"It tickles them to death, sir," answers Mr. Jones.

"You would say it acts mechanically," observes the grinder. "The fine points stick into the worms and kill them. They say, 'Is this a dagger which I see before me?' and then die. Recollect the dagger, Mr. Jones, when you go up. Mr. Manhug, what do you consider the best sudorific, if you wanted to throw a person into a perspiration?"

Mr. Manhug, who is the wag of the class, finishes, in rather an abrupt manner, a song he was humming, sotto voce, having some allusion to a peer who was known as Thomas, Lord Noddy, having passed a night at a house of public entertainment in the Old Bailey previous to an execution. He then takes a pinch of snuff, winks at the other pupils, as much as to say, "See me tackle him, now;" and replies, "The gallery door of Covent Garden on Boxing-night."

- "Now, come, be serious for once, Mr. Manhug," continues the teacher; "what else is likely to answer the purpose?"
- "I think a run up Holburn Hill, the two Ely Place knockers on your arm, and three policemen on your heels, might have a good effect," answers Mr. Manhug.
- "Do you ever think you will pass the Hall, if you go on at this rate?" observes the teacher, in a tone of mild reproach.
- "Not a doubt of it, sir," returns the imperturbable Manhug. "I've passed it twenty times within this last month, and did not find any very great difficulty about it; neither do I expect to, unless they block up Union Street and Water Lane."

The grinder gives Mr. Manhug up as a hopeless case, and goes on to the next. "Mr. Rapp, they will be very likely to ask you the composition of the compound gamboge pill: what is it made of?"

Mr. Rapp hasn't the least idea.

"Remember, then, it is composed of cambogia, aloes, ginger, and soap—C. A. G. S.—cags. Recollect Cags, Mr. Rapp. What would you do if you were sent for to a person poisoned by oxalic acid?"

"Give him some chalk," returns Mr. Rapp.

- "But suppose you had not got any chalk, what would you substitute?"
 - "Oh, anything; pipeclay and soapsuds."
- "Yes, that's all very right; but we will presume you could not get any pipeclay and soapsuds; in fact, that there was nothing in the house. What would you do then?"
- Mr. Manhug cries out from the bottom of the table, "Let him die and be ——!"
- "Now, Mr. Manhug, I really must entreat of you to be more steady," interrupts the professor. "You would scrape the ceiling with the fire-shovel, would you not? Plaster contains lime, and lime is an antidote. Recollect that, if you please. They like you to say you would scrape the ceiling at the Hall; they think it shows a ready invention in emergency. Mr. Newcome, you have heard the last question and answer?"
- "Yes, sir," says the fresh arrival, as he finishes making a note of it.
- "Well; you are sent for, to a man who has hung himself. What would be your first endeavor?"
- "To scrape the ceiling with the fire-shovel," mildly observes Mr. Newcome; whereupon the class indulges in a hearty laugh, and Mr.

Newcome blushes as deep as the red bull's-eye of a New Road doctor's lamp.

- "What would you do, Mr. Manhug? perhaps you can inform Mr. Newcome."
 - "Cut him down, sir," answers the indomitable farceur.
- "Well, well," continues the teacher; "but we will presume he has been cut down. What would you strive to do next?"
- "Cut him up, sir, if the coroner would give an order for a postmorten examination."
- "We have had no chemistry this morning," observes one of the pupils.
- "Very well, Mr. Rogers; we will go on with it, if you wish. How would you endeavor to detect the presence of gold in any body?"
 - "By begging the loan of a sovereign, sir," interrupts Mr. Manhug.
- "If he knew you as well as I do, Manhug," observes Mr. Jones, "he'd be sure to lend it—oh, yes!—I should rather think so, certainly," whereupon Mr. Jones compresses his nostril with the thumb of his right hand, and moves his fingers as if he was performing a concerto on an imaginary one-handed flageolet.
- "Mr. Rapp, what is the difference between an element and a compound body?"
 - Mr. Rapp is again obliged to confess his ignorance.
- "A compound body is composed of two or more elements," says the grinder, "in various proportions. Give me an example, Mr Jones."
- "Half-and-half is a compound body, composed of the two elements, ale and porter, the proportion of the porter increasing in an inverse ratio to the respectability of the public-house you get it from," replies Mr. Jones.

The professor smiles, and taking up a Pharmacopæia, says, "I see here directions for evaporating certain liquids 'in a water-bath.' Mr. Newcome, what is the most familiar instance of a water-bath you are acquainted with?"

- "In High Holburn, sir, between Little Queen Street and Drury Lane," returns Mr. Newcome.
- "A water-bath means a vessel placed in boiling water, Mr. New-come, to keep it at a certain temperature. If you are asked at the Hall for the most familiar instance, they like you to say a carpenter's glue-pot."

And in like manner the grinding class proceeds.

OF VARIOUS OTHER DIVERTING MATTERS CONNECTED WITH GRINDING.

From experience we are aware that the invention of the useful species of phrenotypics, alluded to in our last chapter, does not rest with the grinder alone. We once knew a medical student (and many even now at the London hospitals will recollect his name without mentioning it) who, when he was grinding for the Hall, being naturally of a melodious and harmonic disposition, conceived the idea of learning the whole of his practice of physic by setting a description of the disease to music. He had a song of some hundred and twenty verses, which he called "The Poetry of Steggall's Manual;" and this he put to the tune of the "Good Old Days of Adam and Eve." lament that we cannot produce the whole of this lyrical pathological curiosity. Two verses, however, linger on our memory, and these we have written down, requesting that they may be said or sung to the air above mentioned, and dedicating them to the gentlemen who are going up next Thursday evening. They relate to the symptoms, causes, and treatment of Hæmoptysis and Hæmatemesis, which terms respectively imply for the benefit of the million unprofessional readers who weekly gasp for our fresh number, a spitting of blood from the lungs, and a vomiting of ditto from the stomach. The song was composed of stanzas similar to those which follow, except the portion relating to Diseases of the Brain, which was most appropriately separated into the old English division of Fyttes.

HÆMOPTYSIS.

A sensation of weight and oppression at the chest, sirs;
With tickling at the larynx, which scarcely gives you rest, sirs;
Full, hard pulse, salt taste, and tongue very white, sirs;
And blood brought up in coughing, of color very bright, sirs;
It depends on causes three—the first's exhalation;
The next a ruptured artery—the third, ulceration.
In treatment we may bleed, keep the patient cool and quiet,
Acid drinks, digitalis, and attend to a mild diet.

Sing hey, sing ho, we do not grieve

When this formidable illness takes its leave.

HÆMATEMESIS.

Clotted blood is thrown up, in color very black, sirs,
And generally sudden, as it comes up in a crack, sirs.
It's preceded at the stomach by a weighty sensation;
But nothing appears ruptured upon examination.
It differs from the last, by the particles thrown off, sirs,
Being denser, deeper colored, and without a bit of cough, sirs;

In Plethoric habits bleed, and some acid drafts pour in, gents, With Oleum Terebinthinæ (small doses) and astringents.

Sing hey, sing ho; if you think the lesion spacious, The Acetate of Lead is found very efficacious.

Thus, in a few lines, a great deal of valuable professional information is conveyed, at the same time that the tedium of much study is relieved by the harmony. If Poetry is yet to be found in our hospitals -a queer place certainly for her to dwell, unless in her present feeble state the frequenters of Parnassus have subscribed to give her an inpatient's ticket—we trust that some able hand will continue this subject for the benefit of medical students generally; for, we repeat it, it is much to be regretted that no more of this valuable production remains to us than the portion which Punch has just immortalized. and set forth as an apt example for cheering the pursuit of knowledge under difficulties. The gifted hand who arranged this might have turned Cooper's First Lines of Surgery into a tragedy; Dr. Copland's Medical Dictionary into a domestic melo-drama, with long intervals between the acts; and the Pharmacopæia into a light oneact farce. It strikes us if the theatres could enter into an arrangement with the Borough Hospitals to supply an amputation every evening as the finishing coup to an act, it would draw immensely when other means failed to attract.

As the day of examination approaches, the economy of our friend undergoes a complete transformation, but in an inverse entomological progression—changing from the butterfly into the chrysalis. He is seldom seen at the hospitals, dividing the whole of his time between the grinder and his lodgings; taking innumerable notes at one place, and endeavoring to decipher them at the other. Those who have called upon him at this trying period have found him in an old shooting-jacket and slippers, seated at a table, and surrounded by every

book that was ever written upon every medical subject that was ever discussed, all of which he appears to be reading at once-with little pieces of paper strewn all over the room, covered with strange hieroglyphics and extraordinary diagrams of chemical decompositions. brain is just as full of temporary information as a bad egg is of sulphureted hydrogen; and it is a fortunate provision of nature that the dura mater is of a tough fibrous texture—were it not for this safeguard, the whole mass would undoubtedly go off at once like a too tightly rammed rocket. He is conscious of this himself, from the grinding information wherein he has been taught that the brain has three coverings, in the following order:—the dura mater, or Chesterfield overall; the tunica arachnoidea, or "dress coat of fine Saxony cloth;" and, in immediate contact, the pia mater, or five-and-sixpenny long cloth shirt, with linen wristbands and fronts. This is a brilliant specimen of the helps to memory which the grinder affords, as splendid in its arrangement as the topographical methods of calling to mind the course of the large arteries, which define the abdominal aorta as Cheapside, its two common iliac branches as Newgate Street and St. Paul's Churchyard, and the medio sacralis given off between them as Paternoster Row.

Time goes on, bringing the fated hour nearer and nearer; and the student's assiduity knows no bounds. He reads his subjects over and over again, to keep them fresh in his memory, like little boys at school, who try to catch a fast bird's-eye glance at their book before they give it into the usher's hands to say by heart. He now feels a deep interest in the statistics of the Hall, and is horrified at hearing that "nine men out of thirteen were sent back last Thursday!" The subjects, too, that they were rejected upon, frighten him just as much. One was plucked upon his anatomy; another, because he could not tell the difference between a daisy and a chamomile; and a third, after "being in" three hours and a quarter, was sent back for his inability to explain the process of making malt from barley-an operation whose final use he so well understands, although the preparation somewhat bothered him. And thus, funking at the rejection of a clever man, or marveling at the success of an acknowledged fool-determining to take prussic acid in the event of being refused-reading fourteen hours a day-and keeping awake by the combined influence of snuff and coffee—the student finds his first ordeal approach.

[From the Troy Daily Times.] **PHYSIC.**

Sketch of a Lecture delivered before the Young Men's Association, By MITCHELL SANFORD, of New York.

The last one of a series of three lectures before the Young Men's Association was delivered by Mitchell Sanford, last evening, (Dec. 20, 1859,) to a crowded audience—the course embracing "Love, Law, and Physic." The last essay was, if possible, the best of the three—witty, sharp, critical, sarcastic—abounding in home truths, sustained by pointed illustrations, that always told well. Mr. Sanford has added much to his previous well-established reputation by these essays.

Mr. Landon occupied his public position as President for the first time last evening, "with distinguished grace and dignity."

Mr. Sanford commenced by saving he had accomplished his cherished purpose, and prepared three lectures on Love, Law, and Physic. had been a desire of his life, it was now his satisfaction. He had failed to picture Love in its highest form: how could he realize that divine essence which gave nobility and grandeur to human character? tal pencil can never reproduce the glories of such love; we must wait until the eyes open upon them in eternity. He had failed to portray Law in its most awful form, as it was delivered amid the thunders and lightnings of Sinai. But he had done what he could. go hand in hand upon the errand of man's recovery from his fatal fall, and now Physic comes to complete the sacred trinity, with healing on . its wings to minister to his mental maladies, and bind the broken heart. He did not hope to succeed any better with this subject. a lawyer say of physic? especially one who never took any, and never means to? He can talk of love—who has not felt its mighty power? He can talk of law—he has understood its delays, and experienced its heart-rending penalties of hope deferred. But how shall he talk of pills, and powders, and plasters, when he has never felt their operation and knows nothing of their character? He did not know what to say of physic, unless to advise his hearers never to take any. had never been in Paradise, when he painted its wondrous glories in his immortal epic. Harriet Beecher Stowe had never been a slave, when she wrote of his sorrows in letters that burned along the printed page.

When man was placed in the Garden of Eden, it was with a fullness and harmony of physical being that would have bloomed in immortal

life, had he never fallen. But when sin entered the garden, disease came with it, and decay was wrought with the elements of this perfect nature. Hence came the necessity for a law to govern life, and for love to heal its sufferings. If the Decalogue had never been proclaimed from the Mount, it would still have been written in the character of God's creations. It was the law of necessity. And then, in the fullness of time, came the Great Physician, to initiate the new ministry of love, and to teach that earth has no sorrows that heaven cannot heal.

Was he not qualified to speak of the laws of health, inwritten with man's nature, which, if man observe them, he shall know nothing of disease; he shall live until seventy or eighty years have passed over his head, until his work is finished—and die because he has nothing else to do. He did not intend to usurp the Professor's chair, and deliver a learned lecture upon Materia Medica, or upon anatomy, that wondrous harp of a thousand strings, attuned to all the melodies of existence. But he did intend to speak of the physician, carrying out the work which his great Master began; like him going about doing good, healing infirmities, soothing pains, comforting afflictions, and often without hope of reward. For He who came to save a ruined world was "a man of sorrows and acquainted with griefs." The foxes had holes, but he had no house; the birds of the air had nests, but he had no pillow on which to lay his head. The King of earth wore the crown of thorns; the Christ, the Crucified. And he could not help thinking in how much the true physician emulated the example of his great Prototype—considering his own life of less value than the good of suffering humanity, entering the wards where contagion hovers. fearless of its dangers; breathing here a word of comfort, whispering there a sentence of consolation; inhaling the atmosphere of disease and death with such heroism as the battle-field never witnessed. were worthy followers of a great Teacher-bone of his bone and flesh of his flesh.

He could never forget the story of that physician in a Southern city, who, when pestilence was stalking abroad at noon-day and laying its victims low, when all who were able to do so fled, even to his own family, and there were hardly enough of the living to bury the dead—when he still staid upon the field of duty, going about from bed of death to bed of death, from call to call, until he was weary, and worn, and exhausted—he could never forget such noble devotion as that. He felt an admiring respect, too, for the Sisters of Charity and of

Mercy—devoting the morning of life in all its rosy promise, its high noon in all its fullness of glory, and its eve in all its mellow tranquillity and serenity, to the good of the afflicted. He always felt like standing uncovered before such a presence.

But there is another side to this picture, and it is dark, forbidding, and unrelieved—cold and heartless avarice, bargaining for blood; quackery, with its impudent pretension, dealing in death, and making merchandise of the grave; sending its victims into eternity for gold. Quackery seeks for gold, and it gets it. But it gets it by terrible fraud and impudent deceit. The charlatan says he can cure when he knows he cannot, and he kills. The pirate says he will kill; he knows he can, and he does it. Both strive for gold, gold, gold, and both reap its penalty, in death, death, death.

Honest practice hardly pays. It builds no palaces, nor decks them with Oriental magnificence. But quackery does pay. It does get gold, and it does build palaces. There is a building on Broadway, New York, large and magnificent, known as Moffat's building, which pays a rental of \$25,000—on the ground floor are stores, in the upper stories offices, and it is all occupied. Many years ago, a poor doctor, in the quiet of his office, compounded some pills and called them Life pills, and made some bitters which he named Phœnix bitters—taking names: Life pills, to infuse all the renewed vigor and strength of active existence into a wasted frame, and Phœnix bitters, possessing the magic powers of the fabled bird, and restoring pristine strength and activity from the dead ashes of decay. So, with his Life pills in one hand and his Phœnix bitters in the other, not half so good as the homebrewed beer the speaker's mother used to make of hops, parched corn and dried pumpkins, he went out into the suffering and dreadfully diseased world; and he built that palace, and bought another next door, and still another across the street, and a whole villa at Bloomingdale -and his life is not yet exhausted, nor his creative power all dispensed; for he is still at it—in the words of the immortal Webster, "he still And yet, the Doctor who has worn himself out in his grapplings with disease, who has buffeted the storm in the cold midnight, and faced death in dungeon damps; who has sat hour after hour by the bedside of the dying, and smoothed the pillow for the weary head -he has worked without his reward, and died poor.

Pass on further up Broadway—for "broad is the way that leads to death"—and you find another magnificent building, called the "Brandreth House." On its front, all the way from the corner-stone to the

topmost one, you find written in flaming characters: "Humbug"—humbug at the base, and quackery at the summit. And this great hotel was built entirely with pills; pills that cure all diseases, of all climes, and all constitutions; one box will cure the liver, and another the lights; three will heal the lungs, four will reinvigorate the whole system, and five will relieve the sufferer from all pains and penalties of this weary and sin-stricken world, and transport him spiritually and bodily to the regions of the blessed! But if the pills will not do this, we know what they have done; they have built a hotel and made a Senator, and from his Senatorial bench the legislator has told us of the wondrous virtues of Brandreth's pills.

Nor is this all. We have a flood of these nostrums. There are pills for all life's ills—a panacea for every pain, nostrum for every woe. There is not a single affliction that can come upon the system, from the crown of the head to the sole of the foot-no, not one-that has And why need humanity suffer, with not its certain and especial cure. such a world of remedies? There is Townsend's Sarsaparilla, and Langley's Root Bitters, and Holloway's Ointment, and Kennedy's Discovery, and Down's Elixir, and Sanford's Elixir. When that man Sanford went and established himself in the same building with the speaker, handed him a circular, and gave him a bottle of Invigorator, he cleared. Not but what it was a good thing to invigorate the liver; but he sincerely wished it had been done by a man with any other name than Sanford. He thought law and liver was too much for one building, with the big medical handbill outside, and directly under, "False Teeth." So he cleared. With all the popular panaceas for human ills, it is high time the sick were all cured, and disease a thing unknown.

There are new systems in medicine, too, as in everything else. Religion does not stand now as securely upon the Rock of Ages as it did in the days of our forefathers. The code of legal practice which was considered sufficient a few years ago, has been cast aside, and a new one established in its stead. And why should not medicine be subject to the same law? The old physicians, with their saddle-bags, smelling like an apothecary-shop, are passing away, and homœopathy, smelling like a perfumery-store, is coming up in its stead. And why not? The little pills are handsome; they are dainty; they look nice, and they taste sweet, and why should they not be popular? Is it not better than the old style of calomel and jalap, certain to make a man sick, if he was not? These little remedies have a potent power, too. They

drive every disease right out of the body. They put a pill plump upon a pain, and nowhere else-and it wouldn't stay there a minute, if it could. They cure a thousand ills—that people never had. ply a great want—to the imagination. The imagination needs doctoring as much as the body. If it is only kept all right, there would be no danger. Three physicians once tried an experiment upon a man. testing the effects of imagination. One met him on the road and told him he did not look well, another assured him that he was in a bad condition, and the third advised him to go back home. He did return, took to his bed, and, in spite of all they could do for him, died. Homeopathy had not yet come in vogue, so he died. In another case, a physician called upon a woman whom other practitioners had tried in vain for years to raise from a sick-bed. He saw at a glance that there was nothing the matter with her. So he turned all the family out of the room, and then, when they were alone, he set the bed afire. As the flame curled up, the woman looked up, and asked the doctor, "What do you mean?" "Why," said he, "you have been sick a great many years. I see you cannot get well. You are of no use to yourself or anybody else. So I am going to burn you up." The woman expostulated, in vain. She called for her husband, but he did not hear her. So she jumped out of her bed, went at the doctor-and lived many years, a hale, hard-working woman. The speaker knew her sick and he knew her well.

These homoeopathic remedies answer just this want. They are pleasant and harmless. They do not make one sick, and calomel, salts, and ipecac do. A man can be his own doctor. They are numbered through all the alphabet. A. cures this, and B. cures that, and so on; and when you get through the alphabet you begin on the numerals, and all that is necessary is for one to learn the numbers and letters, and there is a remedy for every disease. No need of long and fatiguing study. Of course, the patient knows what is the matter with him.

The speaker knew a young man who tried to be a lawyer. It was not his fault that he was not one; nobody ever employed him. For a while, he was lost sight of, and then he was heard from as a great physician in a distant city. His levees were crowded, his advice in universal demand; three fleet horses required for his calls. In short, he had jumped at a bound into the highest position, and fame and fortune waited upon him. He was tall, slender, with black hair, bright eyes, winsome manners and genteel address; in short, he lacked nothing but brains; and that want he never knew, and his patients never knew

and never inquired about it. He was pleasing and graceful. His sugar pills fed their imaginations, and he was popular. One cold, blustering night, a physician of the old school, whose reputation had become trans-Atlantic, was sitting by his grate after the wearisome labors of the day, when the door-bell rang loudly, and one of his old patrons and friends, who had deserted him for the new pretender, with three fast horses and a gilded chariot, entered. "For God's sake, doctor, come and see my wife; she is dying." "Who is her physician?" He told him. "I cannot, I will not, go and meet that pretender." "You need not meet him, but do go for the love you bear me, and see her." He did go, and after a long and desperate struggle, saved her, when all the alphabet, from Alpha to Omega, could not have done it. And why? Because she was "desperately sick, and nigh unto death."

That is the whole difference between the two systems. One is good for Miss Flora McFlimsey's fashionable complaints, for a morning levee, or for a safe attack of the blues; but for the stern realities of a desperate case, where life seems hovering on the brink of death, then give me the old school, which has been drilled and qualified for its work, and answers harsh necessities with harsh remedies.

It may be asked. How is it that real merit so often languishes and starves, while quackery accumulates fortunes and builds palaces? How is it that these pretenders reap where they have not sown, and gather where they have not strewn? These quacks do not test their own nostrums, or prove their declarations. Oh, no. It is all done by advertising, and at an enormous expense. Who pays for this? Why those who take the stuff, and no one else. The spirit of advertising impresses everything into its service. You see it in newspapers in every shape and form, upside down, crosswise, sidewise, every way. You behold it in flaming handbills on dead walls. You read it from letters on the rocks as you are whirled past in the cars. You are cheated and deluded by every sort of false pretence into reading it. You commence a paragraph: "General Taylor has gained a great victory over the Mexicans at Vera Cruz, but Brandreth's pills have gained a greater victory over disease." "Sweet is the atmosphere of the Swiss mountains, glorious the breezes of the Catskills-but how much more lifeinspiring is Sanford's Liver Invigorator!" Why, that man Sanford paid fifty thousand dollars in a single year for advertising; and he could afford to.

Man has always run after strange gods. The Israelites would fall

down and worship the molten calf, even when the flames proceeded from their own burning bush. People would rather drink an extract of Peruvian guano than approved medicine; and would eat a mummy from an Egyptian pyramid in preference to a balm of life. Prescribe cod-liver oil, and they will take to it as kindly as a calf to milk. This is the age of experiments. We can see it in the obliteration of the dividing-line between Church and people; in the danger of an overthrow of the Sabbath as a day of religious service. So in politics. Law is becoming a party affair. And not content with all this, charlatanism is sapping the foundations of life with a flow of nostrums deep enough to flood Noah's ark, and no dove to go forth and return bearing an olive-branch, as an emblem of the subsidence of the waters.

Are there no simple laws of life and health? Is nature less beneficent to man than to the inferior animals? The deer knows where there is a remedy for its diseases; the serpent sees the balm of life as it crawls along its path. And man is not less fortunate. There is a Book which came from heaven—we know it did—for earth in its wildest imaginings never saw such visions of love and beauty; Satan could have planned no such theory of his own destruction. The Book tells all that it is necessary to know of man's needs in his outer and his inner life. It is not much read by the many, it is deeply loved by the few. The Great Physician left in his last will and testament a legacy of rules, which if a man would keep he would live to the measure of a perfect, healthy life. No physician ever gave such prescriptions as it contains. Do you complain of the want of sleep? Look at the "The sleep of the laboring man is sweet, whether he eat little or much." Would you live long? "Honor thy father and mother, that thy days may be long upon the land." What says the Book of the righteous man? "Length of days is in his right hand." And what of the wicked? "Whose breath is in his nostrils." There is no more terrible truth than that "the wages of sin is death." as terrible the declaration that "the iniquities of the fathers are visited upon the children." The world is full of inherited diseases; inherited. not as penalties, not as inflictions, but as necessities of an infraction of unchangeable laws. These laws are simple enough. God has given air in abundance to sustain life, if men do not bar it out, and burn it up, and poison it by breathing it over and over a thousand times. He has given us water to drink, and bidden us wash and be clean; but how we destroy the purity of this element by mixing with it foreign and poisonous substances! We know what are forbidden fruits. We

know that lust, passion, and depraved appetites shorten the span of When will community cease licensing establishments to do the work of murder? When will it treat its drunkards as it does its lunatics, and confine them while criminal indulgence deprives them of their senses—releasing them when these are restored? The times and the race have not degenerated. But men are not so long and so broad, and do not carry so many pounds of flesh as they used, in the days of yore, to do. It would be a hard task for any Frederick the Great to fill an army with men of seven feet now. But man's work does not require so much muscle to-day as in the olden times. Machinery labors for him. It is mind that fights the battles of the race to-day. But a strong mind requires a strong body to labor in. Any hull will hold an engine when moored to the dock, but it requires strong timbers to breast the ocean's shocks. A locomotive dashing over the rail would tear in pieces a slightly built train of cars. A Webster's mind needs a Webster's body. Nicholas Hill's genius would have shed its lustre on the law during twenty years to come, but for the frailty of the ·casket in which it was enshrined. Daniel Cady's mind and body worked together in harmony for eighty-four years, refusing to part company until their work was done; like Douglas Jerrold, who, when told by the physician that he must die, would not do it. Let us rejoice that ours is a day of progress, and in the conflict between good and evil, the right will certainly triumph. Love will be triumphant yet; Law speedy and certain, and the Great Physician's prescriptions the treatment for all diseases.

SECEDING STUDENTS.

We had hoped to be spared the pain of alluding to this subject in our Journal, and had intended, no matter what the newspaper press of the North or of the South chose to say, not to open our mouth so long as the discussion was confined to it. But the last issue of the North American Medico-Chirurgical Review contains an editorial upon the subject, manifestly compiled from various editorials of the Philadelphia city press, which, like the source from which it was derived, does innocent parties flagrant injustice. The North American Medico-Chirurgical Review was the first and last American medical publication, so far as we know, that ever offered a political reason to influence medical students in the selection of a medical college. Some years ago, when the political aspect of Pennsylvania seemed favorable to an

argument of that kind, its "conservatism" was paraded as a reason why Southern students should patronize her medical schools. Now that a political change has overcast with dark shadows the spirit of her glorious dream, one would think that the Review might find in that metamorphosis a reason also for a retrograde movement of the students of the South who had gone North. If the sunshine of conservatism had been held up as a bewitching attraction, those that courted favor by its exhibition ought not to seek reasons in out-of-the-way places for a loss of favor thus secured, when the sugar-coated pill that allured and tempted lost its gilding, and the mingled rue and aloes became a nauseous realization. The highest authority tells us that he who lives by the sword must perish by the sword; and this is as true of the political sword as of that which keeps time to the martial tread of the steel-clad warrior.

It was Dr. Franklin who said that it was a convenient thing to be a reasoning creature; but it must have occurred to all thinking men that man, while a reasoning animal, and the only one, is the most unreasonable of them all. How few are there who attribute results to the operations of natural causes, and how many in view of any result are swift witnesses to declare that somebody did it! Recently our great and most devotedly beloved country has, by a Quixotic heading up and bursting of a cancerous ulcer of many years' standing, and under the management of political quacks, been greatly excited. The stench from this source hovered like a pall over the great cities As like seeks like, all that is foul and atrocious, of the Republic. wherever produced, will find its sympathizers in great cities, the natural foci of all that is rotten and pestilential. As in the French Revolution, when blood flowed freest the hands of women were reddest, so in the great cities of the North similar fallen angels in our recent troubles were loudest in demanding the blood of the fair daughters of the South, mounting the rostrums, temporarily vacated by pious scoundrels, to infuriate the mob by vile and obscene harangues, to thirst for the blood and plunder of a people who had never harmed them-

> The bloody caldron, hissing, boiling hot, Stirred by The Vengeance, Old Lucretia Mott!

A thief and murderer, all that God gave him power to be, hoping to add a catalogue of crimes to his chaplet that undamned mortality dared not think of, was caught and strangled, that he might go straightway to his own place. Then went up such a howl as no portion of the universe of God ever witnessed, and such as will never again be equaled, save from the same throats in Pandemonium. This infernal howl from unleashed furies seems to have been loudest and longest at Philadelphia. Its atmosphere was literally poisoned by the foul and nauseous exhalations from the ulcerous throats and lungs of these malignant devils. Their chief had been caught and strangled on Southern soil. He who was to make their paths straight to arson, rape, murder and plunder, without danger, had fallen. No wonder that they howled. Where on earth or in hell could they find another bad enough and brave enough—a moral monstrosity—to attempt again to make the crooked ways of plunder and rapine straight enough for them to go therein without being flaved alive? Now, in this intolerable atmosphere, six or eight hundred Southern medical students were congregated. The city had become to them a Calcutta black-hole. Having power to leave, they left. They have made no complaints of the colleges or the teachers individually. Now was it not the most natural thing in the world that they should leave? Yet all did not leave. Some of them are there yet. Who shall account We shall see if a reason can be found in the proper place.

The North American and United States Gazette, of Philadelphia, (the reader will not confound this paper with the North American Medico-Chirurgical Review,) a political paper, in a leader of two columns under the head of "ABDUCTION OF MEDICAL STUDENTS," gives what he would have us to believe the history of the whole affair. He says last week he wrote of the "Secession of medical students." but he had found out better. Somebody did it. They didn't do it them-We have but two uses to make of this elongated slander: 1st, To show that so far as Tennessee is concerned the editor utters an unqualified falsehood; 2d, That the other North American -the Medical North American-repeats the same slander. The political North American, speaking of the meeting of the students at the Assembly Buildings, on the 20th of December last, says that Dr. Luckett "read a letter from the faculties of the colleges of Tennessee, North Carolina, and Georgia, setting forth that they would be welcomed by the colleges in a handsome manner." This the political North American gives the marks of quotation, to show that he had taken it word for word from the reporter, and that however he might be mistaken in other points, here he was correct to the letter. And this he does in the face of the fact that the very wording of the paragraph demonstrates it to be a falsehood. "A letter," one letter from three States, and not less than seven colleges! A common letter from seven colleges in distant States, agreed upon and drawn up in a few hours! But North Carolina has no medical college! And yet she had joined in a common letter to a meeting that those composing it did not know twelve hours before would ever have an existence, never up to that time having been agitated. Yet upon this glaring false-hood the political North American spins out a long harlequinade homily upon professional and professorial ethics.

We come now to the *Medical* North American, edited by Drs. S. D. Gross, T. G. Richardson, and S. W. Gross. In connection with the meeting of the students this journal says:

"On Tuesday morning, December 20th, a final meeting was held at the Assembly Building rooms, preparatory to the exodus of the disaffected members of the classes of the different schools. dent of the meeting, we learn, was Mr. Lee, of Alabama, assisted by several vice-presidents and secretaries. Addresses were made on the occasion, among others, by Dr. F. E. Luckett and Dr. H. H. Mc-Guire; and letters and telegraphic dispatches read from Governor Wise, of Virginia, and the deans of the medical colleges of Richmond. Charleston, Savannah, Augusta, New Orleans and Nashville, tendering sympathy, and a cordial welcome to such secessionists as might feel inclined to resort to those institutions. The meeting is reported to have been conducted with great decorum. The time fixed upon for their departure from the city was Wednesday night, December 21st, with free passes provided by the Fredericksburg and Richmond Railroad, through Drs. Luckett and McGuire, over the whole route. and one thousand dollars, said to have been sent from Virginia to defray incidental expenses."

The senior editor of the Nashville Journal of Medicine and Surgery, and the writer of this article, is the Dean, the executive officer of the Medical Department of the University of Nashville. Now, so far as the above allegation applies to the college of which we are Dean, we denounce it in part and in whole, in shadow and substance, in detail and in gross, as a sheer fabrication. And we are assured by honorable gentlemen who attended that meeting, that the assertion is equally false as to any college in the State of Tennessee. That the only dispatches read in that meeting from Tennesseeans were from the supposed leaders of the two political parties in Tennessee, now in Congress. One from Governor Johnson, of the United States Senate, and one from Mr. Etheridge, of the House of Representatives, and

that both of these dispatches begged the Tennessee students to remain. Although these dispatches were published in the Philadelphia city papers the day after the meeting, yet, as they did not suit the purposes of a grave medical journal, all mention of them is omitted, and colleges paraded by name in lieu of them.

The medical North American is edited chiefly by a professor in the Jefferson Medical College. Its editorial harmonizes with, and is principally compiled from, the political North American. It is true the political North American says "Tennessee," instead of "Nashville." But these slight verbal changes, where they strengthen a case, are considered allowable by those with whom the end justifies the means. Now this political North American has a good deal to say about "an infraction of medical ethics, and an unblushing disregard of the comity and conventional understanding that are always believed to exist among rival institutions not less than among individuals." Very well. Let us see how this unblushing disregard of the comity and conventional understanding that exists between colleges will pass when evinced in another quarter.

When the students were about leaving Jefferson Medical College, it was very natural that the Professors should avail themselves of the auspicious occasion to ventilate their nationality, and so they made speeches. We have before us a part of the speech of Dr. Robley Dunglison. It was taken down by a student, and seven other students certify that the report of this part of the speech is correct:

"You of the second course students who will stay shall have the highest honors of the Jefferson Medical College, and I hope that I will not say too much for this institution when I say that it is the first medical institution in the United States."

They shall have a diploma if they will stay, and have it because they stayed! One young gentleman assured us that this speech sent him from Jefferson. He did not wish to share the mighty honors with those who secured them upon such terms. We have said above that the wonder with us was not that hundreds of students left, but that hundreds staid. But when we saw this speech of Dr. Dunglison, we thought we had found a reason.

In conclusion, the medical students had a right to go to the colleges of Philadelphia, and they exercised it. As to their fathers and guardians sending them there, that is all flummery, used by those who know better to deceive those who know nothing—decidedly a paltry business. Medical students go where they please. If they please to

go to Philadelphia, it is nobody's business but their own. If they choose to go away from Philadelphia a day after, a week after, a month, or four months after they get there, it is nobody's business. He is not a baby, he is of age. And in the case of a Southern student, his mamma, sisters, or aunts have no uneasiness about him at all, no matter where he goes. They are not at all afraid of any one hurting him. He generally contrives to get safe back home. Much of this ink shed about the seceding students might have been spared for other purposes.

Of course we are not so silly as to blame the City of Philadelphia, much less its highly respectable medical colleges, for the moral, political, and religious pollutions which infect its atmosphere. We make no doubt that ninety-nine hundreds of the white inhabitants of that beautiful and magnificent city would quickly abate, as an intolerable nuisance, the sources of these pollutions, if they could; nor should its good people blame Southern young men for leaving there at a time when this moral stench, issuing from its pent-up sources, diffused itself throughout the city, and bred maggots in its entire atmosphere. All the city papers agree that the young gentlemen acted with great prudence and discretion, and some of them seem surprised that the city police, which had been greatly increased about the depot, found no work to do.

Many political papers, North and South, have taken it upon themselves to say, that as the students from the South had gone North, they ought to have staid. But it does seem to us that the students were the best judges of that themselves. They had paid the colleges to stay until spring, so the colleges lost nothing, no matter when they left. They were under no moral obligation to stay; not a whit more than a boarder at a hotel who has paid a month's board in advance, is morally bound to stay to the end of the month. No one pretends that they conducted themselves otherwise while there than as gentlemen, and young men of sense, and it is reasonable to conclude that they knew their own business best. At least, that is our conclusion.

Would it have been right in these young gentlemen to remain? Our reply is, yes. Was it right in them to leave? Again we say yes. If we are asked how we reconcile these seemingly contradictory replies, our answer is, that these young men could best determine this matter for themselves. It was exclusively their business, and that of no one else; and no matter how they decided it, the decision was right, for it affected the interests of no one but themselves.

If we see proper to go next June to the American Medical Association, it will be right. If we see proper to leave an hour after we get there it will be right, and if we stay to the end of the session it will be right, and if we do not go at all it will be right, and no one shall determine any one of these points for us; nor do we yield to any one a right to a judgment upon the propriety of our course in regard to them. Claiming this much ourself, as an old physician, we yield it to young ones, or those studying to become physicians.—Nashville Journal of Medicine and Surgery.

DALTON'S HUMAN PHYSIOLOGY.

Long ago, when Dr. Dalton's work was issued, it was noticed as it deserved, and welcomed as an honor to the author and the profession to which he belonged. Time has only served to confirm the opinions then expressed. It was therefore with no little pleasure that we read in the Dublin Quarterly for November, 1859, a full and able review of it, from which we extract the following. The praise awarded our countryman is expressed in terms so kindly and just, that we feel sure we cannot present to our readers anything more acceptable.

"In a field of inquiry so vast and extensive, the life-toil of a single individual might have been expended in vain, in the futile effort to constitute what might relatively be termed an appreciable progress. The time, the energy, the talent of multitudes, were required to smooth the road that was beset with so many difficulties; and even although they might have comparatively succeeded in their object, other hands were yet wanting to give form and arrangement to the mass of material which still lay scattered in a confused and discordant heap, without order or connection. It is, however, fortunate for mankind that the human mind is endued with such a versatile propensity, that where one can direct his attention to the more laborious occupation of direct experiment, another will be found equally zealous in the task of collecting and methodizing the results of the discoveries of his fellow-laborer, to mould them into a shape not only intelligible, but interesting to the general reader. We hold it to be, in fact, the highest attribute of our race, this rare power with which we are gifted—the tacit appropriation of ideas one from the other, making what was at one moment an individual right, the next the common property of a whole community—the unquestioned heritage of generations yet to come, bequeathed to them, to be rendered yet more valuable and prolific by the exercise of additional labor and mental exertion. And to such, therefore, is virtually due no small degree of real merit, who, apart from every selfish motive of display, are satisfied to sit down and calmly devote that ability with which they have been endowed to the less imposing task of collecting and bringing together the scattered views of others, reducing them to a uniform shape, scrutinizing with a critical but impartial eye the justice of what has been advanced, blotting out with an unsparing hand what would appear to be contrary to reason and incapable of bearing a strict investigation, impressing what is really useful and instructive, and, what is still more difficult, drawing such rational inferences from them as will have a tendency to promote the propagation of truth and the advancement of legitimate science.

"If it were necessary to produce an example of what may be accomplished in this way, we would direct the attention at once to the work at present lying before us, issued from the American press, from the pen of Dr. Dalton. This System of Physiology, both from the excellence of the arrangement studiously observed throughout every page, and the clear, lucid, and instructive manner in which each subject is treated, promises to form one of the most generally received class-books in the English language. It is, in fact, a most admirable epitome of all the really important discoveries that have always been · received as incontestable truths, as well as of those which have been recently added to our stock of knowledge on this subject by the labors of the leading microscopists and chemists of the present day, affording a concise but comprehensive view of the progressive steps by which the science has advanced to its present high standard of perfection, having with much wisdom, in our opinion, omitted the great majority of those disputed points which, in the infancy of this subject, had crept into the field as great and established facts. doing so, we conceive that the author has conferred a substantial boon on the student of physiology, as he has thus discarded a mass of material, curious, no doubt, in its nature, but avowedly erroneous, and, as such, worse than useless; for it could only have the effect of burdening the memory, where no positive advantage could be obtained as a compensating equivalent for the time expended in their At the same time he has exhibited a most anxious deacquirement. sire to corroborate, by actual experiment on his own part, every result of importance that has originated from the researches of others. and has taken great pains to avoid introducing any single fact that

has not been most cautiously sifted and thoroughly investigated. In all his inferences depending upon the exercise of reason, his deductions are always marked with good sense and discrimination; while his arguments in support of particular views are invested with a persuasive power that rarely fails in carrying his reader along with him in the ideas which he so ably advocates."

After several lengthy quotations, the writer concludes as follows:

"In its purity of style and elegance of composition it may safely take its place with the very best of our English classics, while in accuracy of description it is impossible that it could be surpassed. every line is beautifully shadowed forth the emanations of the polished scholar, whose reflections are clothed in a garb as interesting as they are impressive; with the one predominant feeling appearing to pervade the whole—an anxious desire to please, and at the same time to The assistance of art has likewise been invoked as auxiliary to the powers of verbal description, and the faithful illustrations with which nearly every page is studded are such as to do infinite credit to the genius and enterprise of our Transatlantic brethren in this particular department. In closing our observations on this production of Dr. Dalton, we can only reiterate what we have already stated—the firm conviction that we entertain that it must yet take its place on the shelves of the physiologist, as one of the best and most effective works that has appeared for many years."-Boston Med. and Surg. Journ.

The London Lancet furnishes the following **HOSPITAL STATISTICS**.

Guy's Hospital, founded by Thomas Guy, in 1721, for the reception of 400 patients, and recently enlarged through the aid of a large bequest from the late William Hunt, contains at the present time nearly 550 beds; and, with its extensive buildings and airing grounds, occupies an area of about seven acres. The hospital is divided into medical, surgical, clinical, ophthalmic, uterine, and venereal wards, independently of a ward, in a detached building, for lunatic patients, the vacancles in which the governors of the hospital have, of late years, forborne to fill up. In the year 1857, 44,281 persons were relieved by its means; 5,226 as in-patients, 9,889 as out-patients, and 25,886 as casualties, besides 1,731 women who were attended in their confinements, and 1,540 who received advice from the Lying-in Chari-

ty. Four hundred patients are now received into the original building of Guy, and one hundred and fifty into the part of the new wing already completed; the latter building, when finished, will admit three hundred persons.

St. Bartholomew's Hospital contains 650 beds, of which 420 are allotted to surgical cases and diseases of the eye, and 230 to medical cases and the diseases of women. The number of patients is more than 95,000 annually; the in-patients amounting to upward of 6,000, the out-patients and casualties to more than 89,000.

The London Hospital contains 445 beds, of which 135 are allotted to medical, and 310 to surgical cases; of these 310 beds, about 190 are exclusively appropriated to cases of accident. In the year 1858 the hospital received 27,790 patients, including 3,976 in-patients and 23,814 out-patients. The accidents brought into the hospital during 1858 were 11,529, including 2,090 in-patients and 9,439 out-patients.

The Middlesex Hospital, from recent enlargements, contains upward of 300 beds, of which 185 are for surgical, and 120 for medical cases. The cancer establishment receives 33 patients. Wards are specially appropriated to cases of uterine disease and of syphilis; 2,109 inpatients were admitted during the past year. The number of outpatients during the same period amounted to 16,469.

Royal Westminster Ophthalmic Hospital.—This hospital set the example in London, in 1816, of receiving the poor on their own application, without letters of recommendation. During 1857, 6,315 persons were treated, of whom 160 were admitted into the hospital, and 6,155 were treated as out-patients; of these, nearly 2,000 were children of tender age. The principal operations were—57 for hard cataract; 40 for soft cataract; 14 for the formation of artificial pupil; 220 for strabismus; 227 for the removal of tarsal tumors; 5 for the removal of deformity of staphyloma; 3 for the removal of tumor in the orbit; 2 for osteal abscess; 1 for extirpation of the eyeball, on account of malignant disease. In addition, several hundred minor operations were performed.

Royal Orthopadic Hospital.—The daily attendance of out-patients exceeds 100, the average number annually being 1,600; and the number admitted from the commencement exceeds 21,000. Out of this large number, it is stated, not one death has occurred under treatment, neither has there been any instance of permanent suffering or injury.

Lock Hospital, London.—Patients treated, from January, 1747, to

31st December, 1857, 74,389. In-patients cured from 31st December, 1857, to 31st December, 1858, 333; out-patients ditto, 2,187; in-patients, 31st December, 1858, 52; out-patients ditto, 269; died, 2—2,843. Making a total of 77,232. Asylum.—Admitted from July, 1787, to 31st December, 1858, 1,555; restored to their friends since the opening of the institution, 309; placed in respectable service, ditto, 391; died, ditto, 22.

Glasgow Royal Infirmary.—When the buildings at present in progress are completed, the accommodation will be much increased. Number of beds, 600. During the year 1858 the number of in-patients treated at the dispensary was 3,500; out-patients, 10,422. Operations during the year, 185; amputations, 60; excision of tumors, 32; excision of bones and joints, 8; reduction of dislocations, 23; lithotomy, 13; various, 49.

The Lying-in Hospital, Rutland Square, Dublin.—This hospital, established in 1745, and chartered by George II., in 1756, is the largest establishment of the kind in the British dominions, and contains 130 beds, 15 of which are appropriated to the diseases of females. About 2,000 women are annually received into the institution.

[From the Medical Journal of North Carelina.]

AUDI ALTERAM PARTEM.

Proceedings and Debates of the Third National Quarantine and Sanitary Convention,

Held in the City of New York, April, 1859. New York, 1859.

We are under obligations to Dr. John H. Griscom, President of the Convention, for a copy of this work, which we are pleased to see has been printed by the Common Council of New York, in a very complete and handsome manner. This Convention was the largest of its kind, and certainly the most important, that ever assembled in this country. Composed of delegates from every section—embodying the views of those who were presumed to be well acquainted with the subject—assembling in New York, the great scientific and commercial emporium of the land—its proceedings attracted the most marked and universal attention; and the volume now before us, issued as it is under the immediate auspices of this great body, as the authorized exponent of its views and acts, goes out to the world invested with a prestige which will insure it an attentive, but at the same time a most

critical, examination. Desirous of fully understanding the whole subject of Quarantine, and anxious to do this Convention the fullest justice, we have read this volume carefully; and, as a public journalist. we propose to give our candid and deliberate opinions respecting the "Proceedings and Debates" of this august body. Following the order of the book itself, we shall begin with the debates-if the rancorous. unphilosophical, and illogical wrangle indulged in by many of the speakers can be dignified by such a name. New York is the commercial centre of the country. There, Trade is king. There, everything is made subservient to the great master-passion for making money. There, dollars and cents are regarded as the measure and exponent of a nation's glory. And as quarantine regulations must paralyze trade in a measure—as they prevent, to a certain extent, the acquisition of money—as they are based upon the broad and comprehensive truth, that population, rather than dollars and cents, tends to increase the permanent prosperity of a State, they are necessarily unpopular in that city. The merchant princes, the millionaires, the great admirals of that "grand metropolis," believe that their interests are materially injured by whatever restrains its commerce; and as they constitute the most powerful and influential class, they give tone and character to public opinion in this matter, as well as in many others of less importance. Accepting their impressions for facts-falling naturally into the crude and contracted views entertained by these interested parties, the community, or a large majority of it, has gradually been convinced of the uselessness of quarantine restrictions, and of the importance of a radical change in them-at least so far as relates to the City of New York. Even the most honest and philosophic of her professional men have yielded to the extraneous influences surrounding them, and with that fatuity which has attested the fallibility of the human intellect in every phase of its eventful history, they have been seduced, by their own wishes, into positions and opinions which an unbiased judgment would have pronounced heretical and heterodox; for, let the fact be disguised by optimists as they choose, human reason has ever been under the dominion of human passion, and must remain so until the curse of Adam is removed from his race. Men will believe what they wish-what is agreeable to them-what their interests or their prejudices demand. This may be affirmed of the wisest and the best of the human family; and whilst it establishes nothing against the integrity of those whose acts demonstrate its truth, it shows conclusively that man, with all

his boasted strength of intellect, is but the creature of circumstances which surround him.

The delegates to this Convention from other sections found this state of things existing in New York on their arrival there, and, being generally of impressible material, because themselves the representatives of similar interests, they yielded to such influences as we have described, and were speedily convinced of the necessity for reform in the quarantine regulations of the country. They inhaled this opinion in the savory odors of the magnificent feasts spread for their entertainment; they drank it in with the foam of the sparkling champagne; they breathed it in the fragrant cloud of their royal Havanas; they saw it emblazoned on the towering halls of the marble palaces whose portals opened for their reception; they heard it amid the rustling sails and waving pennants of the gallant ships which saluted their coming; and they finally became so infected with it, as really to esteem it, not only an appropriate offering to the hospitality of their liberal hosts, but even as a badge of respectability, and an evidence of their acquaintance with the subject of quarantine in all of its phases and details.

Impressed by feelings and sentiments of this character, a large majority of those who participated in the debate seemed to regard the questions which have agitated and divided the Profession for years as settled beyond all controversy; whilst they believed that the "Quarantine Convention" of 1859 was especially commissioned to announce the fact, and to establish a great sanitary system which should command the admiration of the world, and give especial satisfaction to the City of New York. Hence it was that the disputed points in regard to the introduction of yellow fever into the West India Islands. &c., were as summarily disposed of as if there had never been any controversy on the subject. Hence it was that the history of the various epidemics was given as glibly as if the narrator alone, of all men, had witnessed their progress; and hence the confidence with which even the most inexperienced discoursed of the etiology, pathology, and essential nature of certain zymotics, about which the most learned and laborious observers are hopelessly divided.

Special pleading is only a logical subterfuge. It is the artful dodge of an adroit tactician, who distrusts the strength of his cause, or his own knowledge of its merits. It is what cunning is to manliness—what adroitness is to real power—what strategy is to the regular and open attack. It is the attempt to accomplish by subtlety that which

straightforwardness could never effect—to secure a triumph through the instrumentality of an artifice, rather than by legitimate and honorable means—to overwhelm an adversary, not by meeting him on fair and open ground, but by enticing him into an ambush, and attacking him at an unguarded point; and hence it is in itself a confession either of the inherent weakness of the cause in which it is employed, or of the ignorance of the advocate himself.

We have been particularly assured of the truth of these propositions, by a careful perusal of the speeches made in support of the reforms to which we have referred; and we feel confident that the sophistry which characterizes them will be universally esteemed an enduring proof of the unsoundness of the doctrines advocated, or of the weakness of their defenders.

The fact that the names of such men as Griscom, La Roche, Wood, and others of equal reputation, appear among the advocates of these Utopian views, is conclusive evidence that no charge of intellectual weakness can be preferred against them; and hence we must infer that the cause itself was not susceptible of an abler defence.

In strong contrast with the special pleadings of the non-contagionists, stand out the pertinent, logical, and most eloquent remarks of Dr. Francis—that worthy representative of a past and purer generation. The very straightforwardness of his manner, together with the simplicity of his style, and the clearness and precision of his statements, make out a prima facie case in support of his opinions. And we must say that, in our judgment, though opposed by the ablest men of the country—by those who had made the subject their special study—by all the eloquence, learning, and subtlety the occasion could command—his defence was masterly, and his triumph complete.

Of the proceedings of the Convention we shall say but little more than is necessary to make them understood by our readers. After a long discussion, to which we have just referred, a vote was taken on the following resolution, which resulted in its almost unanimous adoption:

Resolved, That, in the absence of any evidence establishing the conclusion that yellow fever has ever been conveyed by one person to another, it is the opinion of this Convention, that the personal quarantine of cases of yellow fever may be safely abolished, provided that fomites of any kind be rigidly restricted.

It will be perceived that the Convention has summarily disposed of the great question of the contagiousness of yellow fever, and that from henceforth the whole matter is to be considered definitely settled. Hereafter no man is presumed to think for himself on the subject. Hereafter the ablest observers of the disease, in this and every other country, are to abandon their opinions, to reject the evidences of their senses, and submit to the doctrines of this august body; although many of its members had never seen a case of vellow fever, and a large majority were influenced by the indirect, but most positive, instructions of their constituents. They deliberately rejected the evidence of such a man as Dickson, of Philadelphia, who asserts in the most imperative manner that its contagious character has manifested itself not only under his own immediate observation, but in the experience of other medical men of the highest respectability, and that he is being supplied with additional proofs of its communicability every year. They discredited the testimony of Pyn, Blane, Wistar, Hosack. Vaché, Monette, Strobel, Fenner, and Francis-all able and reliable They repudiated the recorded and authenticated facts in regard to the island of Boa Vista, of the coast of Bulam, of the ships Hankey. L'Eclair, and Mandarin, and of the epidemics of New Orleans. Philadelphia, Charleston, and Norfolk, without hesitation or explanation. And the only solution of the mystery which attaches itself to the process by which their extraordinary conclusion was reached, is the one which we have previously shadowed forth in the declaration. that interest and prejudice are more powerful magnets than truth and justice, and that human judgment acknowledges their influence in obedience to an unalterable law of its nature.

But the strangest part of the performance has yet to be mentioned, and we record it under the conviction that there was a clerical error at the bottom of it originally—though some of the expounders of the resolution seem disposed to stand up for it in its totality—contradictions, absurdities, and all. They repudiate the doctrine of the personal contagion of yellow fever, and admit that it may be propagated through the instrumentality of fomites. Now, it is not necessary to examine authorities for the purpose of ascertaining the precise meaning of the term fomites; for even were it not well understood by the Profession, those who voted for the resolution have given an authoritative explanation of it, which is a part of the record of the Convention. Dr. Watson, one of the glorious Eighty-five, says: "We mean, by fomites, those materials, whether inorganic, animal or vegetable, by which the morbific agent, or virus, is carried from one place to another. I believe it is generally admitted in the medical profession,

that goods, bundles of hair, woolen clothing, cotton bales, and other substances, may act as fomites for the spread of the disease." And Dr. Stevens, the very mover of the resolution, and its acknowledged expounder, uses the following language: "Dr. Watson's sentiments and mine are the same." Here, then, we have an authenticated definition of fomites; and hence there can be no doubt as to the meaning of the Convention in this connection.

Accepting this definition, it follows necessarily—as Dr. Watson himself saw, but failed to appreciate—that the human system comes within its pale, and that it is impossible, by any species of special pleading, to suppress the fact.

But admitting, for the sake of argument, that the human system does not belong to this category, and that it cannot transmit the morbific agent or virus by which the disease is produced, the resolution still contradicts itself, and stultifies its supporters. In the first place, it assumes that those actually suffering with the disease cannot communicate it directly to other persons, under any variety of circumstances, but that they can communicate it to certain things, such as bundles of hair, woolen goods, &c., which in their turn are capable of infecting the human system. Now, as it is not pretended that these fomites are capable of modifying, or even intensifying, the virus communicated to them, but are simply the passive instruments of its transmission—and as the fact of their impregnation by the bodies of persons affected with the disease shows that there is some morbific effluvia evolved under these circumstances—it must follow that vellow fever generates a poison which does impress the human system deleteriously when brought in contact with it, and that the disease is personally contagious. In a word, if these fometic agents effect no specific change in the poison, and are not necessary to its conveyance, i. e., to bringing it in contact with the human system, then the conclusion is inevitable that yellow fever is contagious in the strictest, as well as the fullest, sense of the term. Besides, even if it does communicate itself to things, and not to persons, and is thus indirectly reproduced. is it not the merest quibble that even sensible men amused themselves with—to deny the fact of its communicability, and to demand the abolition of quarantine? Would it be esteemed wise or "scientific" to block up the trench wherein gunpowder had been placed for the destruction of our property, and then to throw a blazing keg of it among our valuables? Would anything but the most arrant folly insist on breaking the innocent vessel which contained the deadly poison, and then drinking down the poison itself? Would any man, in his senses, think of driving away the horse which bore the robber to his door, and then letting in the robber himself? And yet, the friends of "the resolution" have been guilty of that which is equally as unwise, inconsistent, and absurd.

In the second place, if the human body be not a fomite, the woolen coat, the cotton shirt, and indeed all the clothing which invests it, are fomites, according to the definition of the Convention itself; and more than this, the very hair upon the head, beard upon the chin, &c., belong to the same category; so that, in order to carry out "the resolution" according to its own provisions, these abolishers of "personal quarantine in cases of yellow fever"—these letters in of persons and prohibitors of things, stand pledged to the world to admit every one who arrives from an infected district absolutely naked, and not only with

"No hair 'pon the top of his head, In the place where the wool ought to grow,"

but with every patch of that appendage carefully removed from the entire body. What a harvest for the barbers of New York! What a significant and grateful recognition of the association which once subsisted between those shavers of beards and the followers of Æsculapius! And what sheer nonsense this great shave is, after all the soft-soaping to which the honorable delegates were subjected in the great metropolis! One thing is very sure—at least, we will hazard our reputation as a prophet on it—and that is, though the immortal "Eighty-four" may insist on introducing infected persons in a state of nudity, they will never introduce them into a State of this Union, Doctor Stevens' "vote of triumph" to the contrary notwith-standing.

But, to be more serious, if this admitting persons and excluding things—this bringing in the individual and leaving out both the natural and necessary covering of his body—this abolishing "personal quarantine" and "prohibiting fomites," be not a palpable and inexplicable contradiction, then language means nothing, and every principle of our noble science is a fallacy.

Much that we have said respecting the debates of the Convention will apply to the report on quarantine, which that body accepted and incorporated into its proceedings. We feel it to be an act of justice to add that, though its reasonings be false and its conclusions incorrect, there is much learning and ability manifested therein, and that,

both as a literary and controversial paper, it reflects much credit upon the committee.

In conclusion, we must say that, unless human testimony be utterly unreliable, there is positive and overwhelming evidence that yellow fever has been propagated by contact; and hence, we feel bound to dissent from the decision of the Convention, that personal quarantine should be abolished. Space will not permit us to enter into such a defence of quarantine as our feelings would suggest and our judgment sanction, but we cannot refrain from making one appeal in its behalf. The question is simply this: Shall graves or coffers be filled? a nation such as ours, in the middle of the nineteenth century-with the full blaze of an enlightened science streaming upon her-standing upon the vantage-ground of a pure and ennobling religion, and with all the startling lessons of experience appealing in their silent but most significant eloquence to her—shall she illustrate her venal skepticism, or criminal weakness, by sacrificing upon the altar of mammon one of the richest legacies from the wisdom and the humanity of the past? What if Commerce suffers and Trade is paralyzed? What if the Merchant Prince languishes in his stately palace, or eats the hardearned bread of toil once more? Is not human life protected and suffering prevented? Are not those "who constitute the State," and add to her prosperity and her glory, preserved from "the pestilence that walketh at noonday?" Is not the fountain of tears in many a loving heart kept with its seal unbroken, and its waters undisturbed? And in the name, then, of humanity and religion, let us ask, if the compensation be not adequate, and the reward sufficient? Yes, they are, is the response of thousands; and thanks to our noble profession, the principles upon which the great system is founded are so firmly established, that, in despite of all opposition, they still loom up amid the proudest memorials of the past, and the noblest exponents of an advancing civilization.

Extract from the Proceedings of the Buffalo Medical Association.

Dr. Hamilton introduced to the Society Dr. William K. Scott, who he said was now in his 72d year, and who was the first physician licensed to practice medicine and surgery by the State censors; his license being the first on the list of that large body of men, who have since been licensed by the same board. He was admitted to practice in the year 1808. He is now a resident of this city, but has for many

years withdrawn himself from the active duties of his profession. Dr. Hamilton stated then, he had introduced Dr. Scott to the Society for the purpose of calling the attention of the gentlemen to a most extraordinary achievement or feat in penmanship—the most extraordinary, he believed, upon record—and especially with a view to illustrate to what an extent the organ of sight might be preserved and cultivated, even in advanced age. Dr. Scott had for a long time declined allowing any publicity being given to this fact; but at Dr. Hamilton's urgent solicitation he had finally consented.

Dr. White moved that Dr. Scott be requested to present the specimens, and to favor the Society with some remarks upon the subject.

Dr. Scott then stated in substance as follows: His object in making these experiments was to benefit and retain his sight. Three years ago his eyesight was so imperfect that he could not read any ordinary print without the aid of spectacles, as had been the case for many years previous. At that time he had occasion to do some writing so fine as to require the aid of a magnifying-glass. After writing at intervals for a few days, he found his eyesight improved; and knowing the effect of exercise upon all our faculties, concluded to systematically pursue this exercise of the eye, and note the result.

The writing was done upon an enameled card with a metallic point. The glass used was a common pocket lens, with a focal distance of $\frac{7}{8}$ of an inch, which was held in the left-hand while writing. In this manner a little was written nearly every day, always stopping before the eyes were fatigued. When what was at first thought to be very fine writing could be easily done, still finer was attempted.

The specimen presented was written last May, at which time the Dr. could read with ease the finest print without spectacles. Since that time this exercise has been omitted, and his sight is not now quite as good as it then was, but he believes that writing a few days will make it as good as ever. He finds it difficult to write in hot weather.

Description of the Specimens presented.

Upon a circle, $_{100}^{57}$ of an inch in diameter, or a minute fraction larger than a three-cent piece, is written:

1.	The Lord's Praye	r,				•		66	words.
2.	The Apostles' Cr	ed,						109	"
3.	The Parable of th	e ric	h m	an a	nd L	azar	us,	300	"
4.	u u	te	a vir	gins	, .			207	, 4
5.	"	ba	rren	fig-t	ree,			92	41
6.	The Beatitudes,			•	•			144	u '

And five Psalms, namely:	words.		
7. The first,		130	"
8. The fifteenth,		100	"
9. The one hundred and twentieth,		88	£ 6
10. The one hundred and thirty-third,		69	"
11. The one hundred and thirty-first,		60	44

In all, 1,365 words; and with the caption of each, 1,391 words. (The Declaration of Independence contains 1,326 words.) Each letter is perfectly formed, every t is crossed, and every i is dotted. The lines are at the rate of one hundred and fifty to one inch, there being eighty-five lines in this piece, of which seventy-five are written upon, and ten left blank, as spaces between the subjects.

Dr. Scott showed the Society also another specimen, fifty per cent. finer; there being on it 225 lines to one inch, with the Lord's Prayer written upon a single line of less than one inch in length.

Drs. White, Miner, Wilcox, Eastman, and several other gentlemen, having examined the specimen, made remarks upon the subject of improving vision by the use of the eye. They were agreed in the opinion that nothing could more conclusively demonstrate the advantage which might in most cases be derived from such practice, both to vision and to the hand, since the steadiness of hand here displayed was a circumstance no less remarkable than the accuracy and perfection of vision. The gentlemen felt very grateful to the Doctor for having consented to bring his experience before them, and they thought such facts might hereafter prove of great practical value to others.

Dr. Rochester said that he had been very much interested in the remarks of Dr. Scott, and certainly regarded the specimens of caligraphy presented by him, as evidences of vision and of nerve, extraordinary in anybody, and almost miraculous in a person of his years; he begged, however, to suggest to the members of the Association that Dr. Scott, so far from avoiding the use of lenses, had been employing very powerful ones, as all this writing had been performed by the aid of a strong microscope; and that, as he had been in the habit of writing and reading microscopically, he experienced no difficulty in reading ordinary print with unaided vision. Dr. Rochester begged leave to state further, that he thought spectacles selected by a skillful optician strengthened rather than weakened the vision, and that persons who were obliged to employ them, often after a while laid them aside and found their vision stronger than before.

Dr. Butler remarked that he had worn spectacles for a number of

years, and that he believed his eyes had in no way become weakened by their use; that they were really stronger than when he first began to wear them.—N. Y. Medical Review.

Cure of Vesico-Vaginal Fistula by Liquor Ammoniæ.

We are anxious to record an instance of the cure of vesico-vaginal fistula by the application, direct to its edges, of the liquor of ammonia. The case occurred in St. Bartholomew's Hospital, in June last, under Mr. Lloyd's care. The patient, who was twenty-six years of age, had been the subject of a fistula of the kind mentioned since her confinement in August of last year, and was, as is usual, much troubled and inconvenienced by the continual dribbling of her urine. A catheter was kept constantly in the bladder to relieve this condition, and the caustic ammonia was applied to the edges of the fistula, situated rather high up the vagina; and this was repeated a few times, with the effect of causing perfect closure, so that she was enabled to get up and walk about the ward without the escape of any urine into the vagina. On passing the finger into this passage, a deep indentation could be felt in the situation through which the urine had so long She left the hospital, apparently cured, many weeks back. There can be no doubt, as we heard Mr. Lloyd remark recently, that the parts have been well tested by this time, and that the cure is complete.—Lancet.

Death from Chloroform.

We regret to have to announce another fatal accident during the administration of chloroform for the purpose of producing anæsthesia in a surgical operation. The unhappy patient was Dr. Renwick, of Alloa, a member of our own profession, and but twenty-seven years of age. His disease was ingrowing of the great-toe nail, which it was proposed to remedy by evulsion. Dr. Renwick had previously inhaled chloroform without any bad result; hence, perhaps, a false sense of security. The circumstances are thus related:

A little of the chloroform was poured upon a towel, and he held it to his mouth with his own hands. After a while, as it did not seem to be taking any effect, he asked for some more, which Dr. Duncanson at first declined to give; but after a while, finding that no effect was being produced, some more was applied. Observing that he was endeavoring to hasten its effect by strained inspirations, he was asked

to breathe naturally, which he did. As it still, however, seemed to be having no effect, another small quantity, at his own request, was applied to the towel, which, after a time, produced insensibility: and. his pulse having been found full and regular, the operation, which did not occupy more than a minute or two, was successfully performed. He still remained under the influence of the anæsthetic, but his breathing was regular, and all was considered right. Some cold water was then thrown on his face to arouse him; but this not having the desired effect, other measures were resorted to, but with a like unfortunate result: and when, after a few minutes, his breathing became less frequent and more labored, and the appearance of his countenance began to change, and his pulse had become nearly imperceptible, serious alarm was felt. Artificial respiration by the modern method was resorted to, and in this manner breathing was kept up for nearly half an hour; but, melancholy to relate, his spirit had passed away.

We are unwilling to add any observations which can give pain, but it is certainly to be lamented that Snow's inhaler, or some other efficient apparatus, was not employed. There is some reason to believe that Dr. Renwick was the subject of cardiac disease. The North British Mail mentions that some time ago a gentleman died under the influence of chloroform, at Girvan, while undergoing a similar operation.—Lancet, Jan. 7, 1860.

Vries's Last Victim.

The cause of the arrest and imprisonment of Vriès, the "Docteur Noir," under the charge of homicide, is sufficient to condemn his motives. A Spanish lady had arrived in Paris expressly to place herself under his care. The disease was cancer. Vriès, of course, promised that he would effectually eradicate the disease in consideration of an immediate payment of 10,000 francs. The 10,000 francs were laid down, and the patient grew worse and worse. Suddenly. Vriès, whose visits had at first been most punctually made, ceased to attend. A few days after, the lady died. Amongst her papers was found a letter from the quack, evidently in answer to her complaints. He says that he knows perfectly well that she is dying, and asks what else she can expect for 10,000 francs. If she will send him 40.000 more, he will cure her still; if not, however sorry he may be, he must let her die. This letter having been placed in the hands of the police, his arrest followed. Seeing that he promised impossibilities, we do not perceive how he can be found guilty of homicide for not fulfilling them. There was abundant fraud, but hardly homicide.—London Lancet.

COMMUNICATIONS.

HEY'S AMPUTATION OF THE FOOT:

The Arteries secured by Acupressure.

By J. M. CARNOCHAN, Surgeon-in-Chief to the State Hospital, &c.

In the year 1853, in a case of wound on the left side of the fore head, in a boy who was affected with the hæmorrhagic diathesis, I resorted to acupressure for the purpose of arresting the hæmorrhage. The boy, an inmate of the State Hospital, and about seven years of age, was born web-handed; the fingers all adhering to each other on their sides, nearly as far as the distal phalanges. Dr. Alexander Hosack, then one of the Visiting Surgeons, divided the adhesions between the fingers of one hand, and this trivial operation was followed by a hæmorrhage which well-nigh proved fatal, from its continuation and uncontrollable character. After four days of unavailing efforts, by the use of pressure and styptics, the bleeding was finally arrested by continued pressure with bandages.

About six months after this, the boy, while playing with his comrades, fell, and received a wound on the left side of the forehead. The cut was irregular, extending about two inches upward and backward, from the superciliary arch, so as to implicate some of the anterior branches of the temporal artery, besides detaching the scalp considerably from the cranium.

He was carried to one of the surgical wards, and the bleeding, which was profuse, was for the time arrested by pressure, effected by compresses and firm bandaging. The bleeding did not appear to come from the orifices of particular vessels, but flowed en nappe, oozing generally from the surface of the wound.

The following morning, the blood began to ooze freely through the bandages, and continued for some hours, although moderated by the addition of increased pressure by bandaging. Upon visiting the hospital, I found the patient weak and pale, with some blood trickling over the face, at intervals.

It was apparent that the hæmorrhage was not arrested, and the bandages were removed. The wound was filled with dark, soft, semi-fluid coagulum, upon the removal of which, the surface of the wound was exposed, still affording as much blood as when the accident occurred.

Some compressed sponge was now crowded into the wound, upon

which was placed a piece of sheet-lead, a compress then laid upon this, and Barton's bandage applied firmly around the head.

In a few hours the blood again showed itself leaking through the bandages. On my visit to the hospital the following day, I found that the patient had lost a considerable quantity of blood during my absence, and that the hæmorrhage was still continuing so freely as to require the removal of the compressing bandages. The same condition of the wound existed as on the previous inspection, and the blood flowed in as much profusion as at first.

The wound having been cleared with a sponge, five strong Carlsbad pins, about three inches in length, were inserted along the wound, (after the manner of the pins in hare-lip,) each pin being inserted through the scalp opposite to the point of its detachment from the bone, and carried across the cut, to pass through the scalp at a corresponding point, on the other side of the wound. Around these several pins, the figure of 8 was made with a strong ligature. Another ligature was then passed along the wound under the pins, and crossing in the interval between each pair.

It was hoped that this equable and firm pressure would arrest the bleeding, but it failed equally with the other measures. In a few hours the wound commenced to bulge outward, from the accumulation of blood behind the suture-pins; before long, the blood oozed through the lips of the cut, and trickling over the face, the hæmorrhage again became re-established.

By this time the little patient had become almost exsanguinated, and could no longer articulate. The house surgeons became alarmed, and sat during the night by the bedside, maintaining by turns, manual compression upon the wound, by means of sheets of compressed sponge.

A message induced me to visit the hospital at an early hour, and I found that as soon as the compression was removed the bleeding still continued unabated. From the first, I had abandoned the idea of cutting down upon the trunks of the temporal arteries, supposing that the incisions made to lay bare the vessels would bleed in a similar manner to the accidental wound. It occurred to me, in this emergency, that a suture-needle or pin might be passed under the trunk of the temporal artery, and that compression used in this way might be successful in arresting the hæmorrhage.

To accomplish this, I selected two long suture-needles, slightly curved towards the point. Feeling with the forefinger of the left hand for the artery, where it passes over the zygoma in front of the ear, I

dipped the point of the needle through the skin and other tissues, about three lines to the right of the course of the vessel, and carried on the needle below the artery, directing the point so as to emerge through the integuments, at a corresponding point on the left side of the vessel. This done, I made a figure of 8 around the needle, in order to increase the compression already effected on the vessel by the position of the needle. The same procedure was carried out on the opposite side, in order to intercept the anastomosing circulation.

The wound was now cleansed, and filled with dry lint; compresses were laid over the lint, and the dressing completed by the application of Barton's bandage.

Entire success followed the compression of the artery thus effected by the needles. The patient rallied under the use of cordials and tonics; the needles were removed from the arteries on the fourth day; the wound granulated and healed kindly; and in four weeks he was discharged as well.

I have recently read, with much interest, the article of Professor Simpson, of Edinburgh, upon acupressure as a means of arresting surgical hæmorrhage. On Saturday last, I had an opportunity of applying this method to the arteries of a bleeding stump, after amputation, and, I am gratified to add, with a very satisfactory result. The case was one requiring amputation of the right foot, at the tarso-metatarsal line of articulation. The operation was performed by making a semilunar flap on the dorsal aspect of the foot, a little in front of the tar-The flap was then dissected backward, and the dorsal and plantar articular ligaments, between the tarsal bones and the metatarsus, severed completely. The foot being held horizontally, the narrow knife was slipped under the tuberosities of the first and fifth metatarsal bones, and carried forward, grazing the lower surface of the metatarsal bones, so as to make a flap of sufficient extent to cover the exposed stump. The anterior tibial, external plantar, and internal plantar arteries bled freely, and three smaller vessels, also, afforded blood enough to require their obstruction. Regarding this as a favorable opportunity to test the effect of acupressure in amputation, to arrest the bleeding from the anterior tibial. I took a steel shawl-pin. with a metallic head, and about four inches long, and passed the point slantingly to the depth of half an inch into the tissues, at about an inch and a half from the course of the artery on the side nearest. point having passed onward, was made to emerge about a line from the artery. The pin was next directed over the trunk of the vessel,

about a quarter of an inch from the bleeding orifice, and again dipped into the tissues on the other side of the vessel, about a line distant from it. The pin was then still pushed through the tissues for about an inch and a half, and again made to emerge onward for an inch. The compression on the artery was complete, and it ceased to bleed. The external plantar artery was next treated in the same manner, and with a similar result, as well as the internal plantar and the other vessels which would have required the ligature. In these last-mentioned arteries, not having at hand acupressure needles of suitable length, I resorted to short suture-pins; tying a piece of thread to the head of each, in order that they could be pulled away at the proper time. In securing the anterior tibial artery, I did not think it necessary to pass the pin through the integuments, as Professor Simpson recommends. The flaps were now brought together by points of suture, and the long pin and the threads attached to the shorter ones left between the lips of the line of union.

The pins were removed on the seventh day. Since the operation, the patient has been most comfortable, and without the slightest evidence of secondary hæmorrhage.

Judging from the results obtained in the cases just related, I have no doubt that acupressure will become a distinct and established method for arresting hæmorrhage in operations; and that, although it may not supersede the use of the ligature, it will, in many instances, supplant its use, as being more simple and equally effective, and as less likely to interrupt the primary union of wounds.

The celebrated Edinburgh Professor merits the thanks of the profession for formulizing "acupressure" into a distinct method.

45 LAFAYETTE PLACE, February 23d, 1860.

BOOK NOTICES.

A Practical Treatise on Fractures and Dislocations. By Frank Hastings Hamilton, M.D., Professor of Surgery in the University of Buffalo; Surgeon to the Buffalo Hospitals, &c. Illustrated with 289 wood-cuts. Philadelphia: Blanchard & Lea, &c. 8vo, pp. 750. 1860.

This long expected work of Professor Hamilton will be welcomed by the prefession as a desideratum in our surgical literature, being the first complete treatise on Fractures and Dislocations in our language. We are proud of the author as an American, who has acquired an enviable distinction as a teacher and practitioner of surgery, and whose extensive opportunities and experience have been improved, both by travel and culture. But apart from other considerations, the intrinsic merits of the volume before us will commend it to uni-

versal favor, and cannot fail to exalt the reputation of Professor Hamilton, at home and abroad; while to all who are engaged in the study or cultivation of the surgical art this book will be invaluable, entering so largely and minutely into all the intricacies and details of the injuries to the bones and joints, which constitute so large a proportion of the surgical practice of our junior brethren. The illustrations are numerous and graphic, while the style of the volume is all that could be desired. We bespeak for it a wide circulation.

THERAPEUTICS AND MATERIA MEDICA: A Systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History. By Alfred Stillé, M.D., late Professor of the Theory and Practice of Medicine in the Medical Department of Pennsylvania College, &c., &c. Philadelphia: Blanchard & Lea. 1860. In two volumes, royal octavo, pp. 1,763.

We hail the announcement of these beautiful volumes, by an American physician, as profound in scholastic acquirement and practical experience, as we know Professor Stillé to be, with high satisfaction. In dry Materia Medica we have authors and compilers by the score, both of foreign and domestic production; but in therapeutics, the science and art, we have no systematic treatise in the English language which comes up to the present status of medical philosophy and modern practice, or is adequate to the wants of the profession for reference, while meeting the demands of students who are ambitious to excel in their knowledge of the methodus medendi, which can alone render them successful practitioners.

These volumes contain a whole cyclopædia of practical knowledge in medical science, the condensation of which must have cost the author the labor of years, and which for the present we can only introduce to our readers, promising to recur to them hereafter, when time and space are allowed for a review.

The work appears, in typography and binding, in the best style of the publishers.

THE BRITISH AND FOREIGN MEDICAL REVIEW, for January, is promptly republished by S. S. & W. Wood, 389 Broadway, New York. It is one of the ablest and cheapest quarterlies in the world, the reprint being furnished at \$3.00 per annum.

RANKING'S HALF-YEARLY ABSTRACT, so well known to the profession, is promptly reprinted by Lindsay & Blakiston, of Philadelphia, and should be everywhere patronized for its merits and its cheapness. \$2.00 per annum.

EDITOR'S TABLE.

SPECIALTIES.

In our Original Department we have given place to a paper by Dr. Clark, of Newark, N. J., in accordance with our rule that both sides of a mooted question should have a hearing. Of specialties and specialists in our profession our own views remain unchanged, and with these our readers are familiar. Dr. C. does indeed qualify the plea he makes for certain forms of special practice, and concedes what

we insist upon, that a thorough medical and surgical education is an indispensable prerequisite to the safe practice of any specialty. And he is mistaken only in supposing that anybody objects to qualified men selecting any department of the science and art as their chosen field of research and practice. Nor is he less mistaken in denominating such men as Mott, Velpeau, Simpson, Bennett, or Sims "specialists," a name and a thing which these and others whom he has cited would disclaim and repudiate. Ophthalmology, for example, is only a branch of surgery, but demands for its comprehension and application that an oculist shall be a physician and surgeon. Surgery can only be practiced safely by a physician, and obstetrics requires in its practitioner both a surgeon and physician, for the safe or successful treatment of patients in this department. But none such are specialists in the sense in which specialties have been condemned, nor are any such objected to by anybody.

But it is to the tribes of "consumption curers, cancer curers, lung, liver, kidney, and bowel doctors," who proclaim themselves such by pretentious and lying advertisements, circulars and handbills; or such as announce themselves as New-school, Eclectic, Homeopathic, Hydropathic, Chrono-thermal, Clairvoyant, or Spiritual doctors, et id genus omne; it is to these, and all such specialists, who come under the ban of reprobation, for being justly chargeable with obtaining money under false pretences, that we apply the epithet quack, mountebank, or charlatan, according to the degree to which they are guilty of flagrant imposture, either by being ignorant or unprincipled in their empiricism. These are the specialties and the specialists that we and the true men of our profession everywhere consign to Coventry, by excluding from recognition or fellowship.

When any gentleman, regularly inducted into our profession, by the course of study prescribed by law and usage, selects any department for cultivation, and aims to distinguish himself therein, however exclusive, he will be honored by his brethren, who never object to such division of labor. But he does not thereby become a specialist in any obnoxious sense, else, as Dr. C. shows, many of the most eminent men in our ranks would be in this category.

When, however, any practitioner in any department makes public claim to any exclusive, peculiar, or secret remedy or practice unknown to his brethren of the regular faculty, in any disease, or class of diseases, or pretends to have any species of knowledge in any department, which he does not throw open to the scrutiny and imitation of his

brethren, pro bono publico, he ceases to belong to a liberal profession, and must expect to be treated as a specialist in the offensive sense of being both a quack and a knave. He seeks to promote his self-aggrandizement at the expense of honor and truth; for the obligation to make known to the profession and the public any improvement or discovery which can be available for the relief of suffering humanity is so binding and imperative, that any attempt to conceal or monopolize it has been ever regarded as high treason to the healing art, and such a violation of the Hippocratic oath as incurs the guilt and penalty of moral perjury.

We have taken occasion thus to define our own position, while welcoming Dr. Clark to our columns, who, we have reason to believe, is an oculist worthy of the name, because professionally educated, and devoting himself to ophthalmic medicine and surgery in a legitimate way. Such specialists we honor, and only differ with him in declining to call him by that equivocal name.

STAMPEDE OF SOUTHERN MEDICAL STUDENTS.

Dr. Bowling, senior editor of the Nashville Journal, and Dean of the Medical College of that University, defends his school from the charge of encouraging the late stampede of students from Philadelphia, while he justifies the seceders, on the ground that they were the sole judges of the propriety and expediency of their course. We insert his article entire, because of its palpable hits, which, though severe. appear to have had ample provocation. Our Philadelphia brethren are in danger of "overstepping the modesty of nature" in the incongruous action into which they have been betrayed by this "beginning of the end," which may hereafter deprive them of the prestige for which they were always indebted to the Southern States. The tone of the Southern journals indicates that our sister city may have to look elsewhere for her overgrown classes henceforth. Ilium fuit. They may glory in their former achievements in the way of classes, but hereafter it will be long before 600 students will again be enrolled upon the books of a single medical school in Philadelphia. way, we see that Drs. Luckett and McGuire, represented to be the leaders in the stampede from Philadelphia, are already announced among the lecturers of the Medical College of Virginia! for the summer session. If this be their quid pro quo, it is highly ominous.

Meanwhile, our New York colleges are closing the session without

suffering at all from any stampede; though the contrary has been falsely reported by certain medical and other editors, who are reckless of truth.

MEETING OF STUDENTS IN VIRGINIA.

At a meeting of those students who lately seceded from Northern institutions, and now matriculants at the Virginia Medical College, at Richmond, held Jan. 23, a committee of seven was appointed to draft a preamble and resolutions expressive of the object of the meeting.

After due deliberation, the following were reported, and unanimously adopted:

Whereas, It has been currently reported by a portion of the Northern Press, and by individual correspondence, that the number of those medical students who had lately left Northern for Southern Institutions, was less than one-half of those at first reported, and that the greater part of those had returned, dissatisfied with the step they had taken, and with the course of instruction given at this place, and in the South generally, we feel it to be due to ourselves, and to all who are interested, to correct this erroneous rumor, and give a correct statement of the facts. Therefore,

Resolved, That we wish to make known the fact, that two hundred and fifty-seven left the city of Philadelphia on the evening of the 21st of December, 1859, for Southern Colleges, and we believe that fifty or seventy-five more followed in less than ten days thereafter; that of the whole number about two hundred and seventy-five were from the Jefferson Medical College of Philadelphia, about forty from the University of Pennsylvania, and the remainder from the Pennsylvania College of Philadelphia; that the difference in the number of students seceding from the above institutions is due to the difference in the number of Southern students attending each institution—the Jefferson College having suffered most, from the fact that it was chiefly sustained by Southern patronage.

Resolved, That, so far as we have been able to ascertain, and information has been sought, with the specific object in view, there has been but one who has returned with the determination to remain, and continue his medical studies.

Resolved, That we are happy to announce the fact that the movement has met the cordial and emphatic approbation of our parents or guardians, and the enthusiastic indorsation of the whole South, with scarcely a dissenting voice.

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STATISTICS OF MEDICAL COLLEGES... 1859-60.

We commence our annual table of the number of matriculants and graduates at each of the medical schools of the country, which will be corrected, and the blanks filled up, as information reaches us, for which purpose the page will be kept standing.

• • • • •	Students.	Graduates.
Jefferson Medical College	630	
University of Pennsylvania	515	
University of New York	411	
University of Nashville	401	
College of Physicians and Surgeons, N. Y	195	
New York Medical College	75	
Buffalo Medical College	70	
Massachusetts Medical College	196	
Medical Department of Yale College		13
Ohio Medical College	123	
Atlanta Medical College	166	50
University of Louisville, Ky	130	
Oglethorpe Medical College, Savannah, Geo	60	

Analysis of the Catalogue of Jefferson Medical College, Philadelphia, Pa., 1859–60.

Whole number of Matriculants.....

Of these, there are from the slaveholding States	395	
From the Western free States	41	
Total from the South and West		436
		194
From Pennsylvania		121
Leaving total from North and East		73

Of the whole number of students, so called, 85 are M.D's.

If the number lost by the recent stampede to the South be, as represented, over 340, and the 85 graduates are deducted, query—with how many *students* will the College end its session in March? Can anybody tell?

A PHILADELPHIAN.

NEW AMERICAN CYCLOPÆDIA.

We have taken occasion to say to the publishers, and we now repeat, that this serial work from their press is already deformed with gross errors, and vile heresies in science, politics and religion. If completed by its present conductors, it will be anything else but "A popular Dictionary of general knowledge," if truth and honesty are to be sacrificed to the clique of the New York Tribune, and the detestable politics and morals of that print are to characterize the work.

The American Medical Monthly thus records its remonstrance against one phase of its "abominable" contents, in terms which are well merited:

"We must, however, protest against the employment of three doublecolumned pages for the life of one notorious as a traitor to his country. whose glory consists in his setting at defiance the religious and Union sentiments of his country, and whose name has been mentioned, on the stand, from Boston to Richmond, from New York to New Orleans, only to receive the detestation of Union-loving citizens, of all complexions of political faith. If such men claim a place in the Cyclopedia, let us propose that the record of their birth and residence constitute the notice, with a blank space to be filled up, by the owner of the book, with the time of their death. Our calling, as scientific men. does not allow us to mingle in politics, but our duties, as Americans, require us to condemn treachery to our Constitution at all times and in all places, and to lament anything like prominence given to the traitor. Again we urge it upon the editors and publishers to prevent the appearance of such abominations as the life of Garrison in a work so truly useful, and intended to be national, as the 'New American Cyclopædia."

DEATH IN OUR RANKS.

- Dr. Wm. Miner, of New York City, of a dissection wound. An able and estimable man.
- Dr. Montgomery, of Dublin, author of various obstetrical works, and professor of that branch in the Dublin University.
- Dr. Richard H. Thomas, of Baltimore, Md., formerly Professor of Obstetrics in the University of Maryland. He was long a minister of the Society of Friends, and was universally beloved.
- Dr. Laurie, Professor of Surgery in the University of Glasgow; a worthy and distinguished man.
- Dr. Geo. Wilson, Professor of Technology in the University of Edinburgh. One of the most eminent men in Scotland.

SURGICAL OPERATIONS.

Dr. Sims, of New York, extirpated the entire uterus recently, in a case of irreducible procidentia, employing the *écraseur* for the purpose. Entire recovery followed.

Dr. Brainerd, of Chicago, amputated at the hip-joint recently, for the third time. This last patient sank in 60 hours.

Dr. J. P. White, of Buffalo, has been successful in removing uterine tumors in three cases lately, two of which were cauliflower excrescences. He employed the écraseur, and had no hæmorrhage of importance.

Dr. Carnochan, of New York, has recently removed a cancer of the cheek, and by autoplasty has averted deformity.

EDITORIAL CHANGES.

Drs. F. E. Oliver and Calvin Ellis have become the editors of the Boston Medical and Surgical Journal, the oldest and best weekly in the country.

The Cincinnati Lancet and Observer is now ably conducted by Drs. E. B. Stevens and J. A. Murphy.

Drs. Byrd and Hauser have associated in editing the Oglethorpe Medical and Surgical Journal, of Savannah, Geo. The new editor is too sectional to our taste, and at this crisis medical politics should be ignored. In all respects, except temper, this Journal gives evidence of progress and ability. "Always use soft words; they cost nothing."

The Maryland and Virginia Medical Journal has appeared at Richmond and Baltimore simultaneously. The editors are Drs. James McCaw and W. C. Van Bibber. The following gentlemen are announced as co-editors, viz.: Professors N. R. Smith, S. Chew, L. S. Joynes, Charles Frick, C. Morfit, C. B. Gibson, F. Donaldson, A. E. Petticolas, C. Johnston, with Drs. Otis, White, and Thweatt. With such a corps of editors, all distinguished men, we should not be surprised if this were to become the leading Journal of the country in ability, variety, and patronage.

PRACTICAL GLEANINGS.

Strychnine is highly commended in spermatorrhæa, but the dose should not exceed 30 of a grain, bis in die.

Veratrum Viride is now more extensively prescribed in nervous them in vascular diseases. This is progress in the right direction. Hence it is becoming a popular remedy in epilepsy, chorea, and other spasmodic diseases. It requires great caution in its use, as all agree.

Raw Meat, in the colliquative diarrhoea of nursing infants, is receiving strong testimony in its favor.

Iodide of Zinc is reported as possessing extraordinary curative powers in chronic conjunctivitis.

Epistaxis, when uncontrollable by the ordinary means, may be promptly arrested by injecting perchloride of iron.

Ingrowing Nail is said to be best relieved by cauterizing with hot tallow.

Bi-Sulphide of Carbon is the latest anæsthetic, by inhalation, as, a substitute for chloroform.

Whooping-Cough and bronchial catarrh are said to be cured promptly by nitric acid, in small doses.

Indian Hemp is recommended as a cure for gonorrhoea, \(\frac{1}{3} \) of a grain to be taken every three or four hours.

Cod-Liver Oil (Norwegian) is successfully used in tinea capitis, and analogous diseases of the skin, externally applied by a feather or brush, and repeated daily.

Chorea is now very generally treated in Europe with arsenic. Fowler's Solution is preferred, commencing with the ordinary dose, and gradually increasing. We never have occasion for any other treatment, except cold bathing, which, in proper seasons, is a valuable anxiliary. No adverse effects need be apprehended from the arsenic, if judiciously employed.

Dysentery, when the hepatic complication is obvious, as it is in a large proportion of cases, yields most readily to the anti-dysenteric pill, composed of 3 grs. of calomel with 1 gr. each of ipecac and opium, which may be repeated if necessary every four or six hours.

Blenorrhagia is rapidly cured by combining vinum colchici and laudanum, in the proportion of six parts of the former to one part of the latter; twenty drops being the dose, three times a day.

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MEDICAL POLITICS.

Dr. Lewis A. Sayre has been appointed to the office of Resident Physician to the Board of Health, in the place of Dr. Wm. Rockwell, who has for many years held that position. The salary and perquisites are said to be \$3,500 per annum, so that it is regarded as a desirable office, and was sought for by many competitors. We congratulate our friend, Dr. Sayre, on the preferment.

Several of his brethren, however, known to have been ambitious for the place, and always failing to obtain it, are already busy at Albany, and operating here, to lobby through the Legislature the Sanitary and Health Bill, as it is called, the effect of which would be to abolish the office of Resident Physician, and that of Health Commissioner, and provide a new Board of Health having three medical offices, to fill which, they are themselves on hand. We opine that there are members of both houses who begin to see through the medical lobby, and at the proper time will do their duty.

It is ever thus with our degenerate profession. When any one of our number is exalted above his fellows, if there be a salary in the case, his envious brethren will seek to abolish his office, if they can reach him in no other way, and a score of them will offer to perform his duties for nothing, if they can thus displace him. Dr. Sayre need not be surprised if a "Medical Board" is gotten up to supersede him gratis.

And yet we are ever clamoring about the gratuitous services we are rendering the public; while at the same time we are volunteering, for the sake of office and position, to abolish the very few medical offices which are productive, by combining to perform the duties without fee or reward. But the public are beginning to learn that when men offer to work for nothing, they even then pay them more than they are worth.

The medical offices connected with our Board of Health and Metropolitan Police receive suitable salaries, and so also those employed in our Island Hospitals, by the Governors of our Alms-House and the Commissioners of Emigration, where Resident Physicians are necessarily retained. But with these exceptions, the compensation is meagre, and it is because so many medical men are eager to render professional services gratuitously, for the sake of the places they secure in the hospitals and dispensaries of the city. For consistency sake, we ought to cease clamoring about our not being paid for serving the

public, or else refrain from disturbing the few medical men whose offices are remunerative.

P. S.—Since the above was written, we learn that the nomination of Dr. Bradford, by Mayor Wood, for Health Commissioner, still lingers in the Board of Aldermen, this body refusing to confirm. We have not heard the reason, but there is a screw loose somewhere. Perhaps he is the wrong stripe in politics. Our friend, Dr. Jedediah Miller, still holds over.

Seventh Annual Report of the Surgeons of the New York Ophthalmic Hospital.

Drs. Stephenson and Garrish report ten hundred and ten patients for the year 1859, and over 7,000 since its organization, in 1852.

During the past year, a larger number of operations have been performed than at any previous period in its history—embracing those for Cataract, Strabismus, Pterygium, Entropion, Ectropion, Trichiasis, Fistula Lachrymalis, Symblephoron, Staphyloma; also, Extirpation of the Eye, (after the method of Mr. Critchett, of the London Ophthalmic Hospital,) and Bowman's operation for catheterization of nasal duct, by slitting up the lachrymal canal, with perfect success.

Their Ophthalmic School is in a flourishing condition; the number of students and practitioners in attendance during the present session being unusually large.

REPRIGERATING MIXTURE.

The principal streets of our city have been, of late, much obstructed by snow, ice, and slush, which subjected pedestrians to the temperature of 32° F., which is a degree of cold sufficiently uncomfortable to the feet, with a still colder atmosphere. The proprietors of Omnibuses and cars, however, have filled the streets with a frigorific mixture, by mingling salt with the snow, thus reducing the slush to zero. One of the effects will be seen in the bills of mortality hereafter, especially recording the deaths of children, some 130,000 of whom, many being of tender age, have been compelled to cross these streets to the Public Schools, by wading through this salinalities at so low a temperature. But it is is only one of the science is ignored.

Dr. Carnochan seems to he successfully employed acuprate amputation. See his paper

THE AMERICAN MEDICAL ASSOCIATION

Will hold its Thirteenth Annual Meeting at New Haven, on the FIRST TUESDAY of JUNE, 1860.

The Secretaries of Local Societies, Colleges, and Hospitals are requested to forward to the undersigned the names of Delegates, as soon as they are appointed.

Stephen G. Hubbard, M.D., Sec'y,

New Haven, Ct.

MEDICO-CHIRURGICAL COLLEGE OF NEW YORK.

At the last meeting of this body, Dr. Reese read a brief paper, on the essay read at a previous meeting by Dr. Horace Green, on "Cauterization of the Air-passages in Diseases of the Chest."

Dr. Reese dissented from the teachings of Dr. Green, by denying the statement that cauterization of the air-passages could be performed with "certainty and facility" by anybody. He maintained that it was an operation of great difficulty, and often attended with danger, applicable only in very rare cases, and not at all in any diseases of the chest, except chronic bronchitis. He admitted the value of topical medication for certain cases of croup, diphtherite, and laryngeal affections, in none of which is it necessary to do more than cauterize the throat, without attempting to pass the vocal chords, or even go beyond the supra-glottic space. But he utterly denied the utility or safety of relying upon the topical treatment for diseases of the chest, for thoracic or pulmonary diseases, or any other constitutional maladies.

In the discussion which followed, in which Dr. Green took an active part, Dr. Carnochan maintained that injection into the bronchi was dangerous, he having killed two dogs by the experiment; and insisted that in most of the cases to which cauterization was adapted, it was wholly unnecessary to go beyond the vocal chords. Dr. Gardiner urged the impossibility of the operator being certain whether the probang or tube has entered the trackea or passed into the asophagus, the latter having been often ascertained to be the fact, even in the most skillful hands. The discussion is to be resumed, and meanwhile Dr. Reese's paper will appear in the Gazette for April.

Drs. Gouley and Phelps will open their School of Practical Anatomy immediately. See advertisement on p. 235.

Receipts for 1860-not otherwise acknowledged, viz.:

Drs. Beeton, Durkee, Blackman, Perkins, Storer, G. Greene, Wellborn, J. Davis, Thweatt, J. M. Warren, Z. Pitcher, H. Messenger, Bennett, Browne, Stillé, Daraell, Vanderpool, Whittelsey, Parr, Sharrock, Trenor, Hart.

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AMERICAN

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No. 4.

ORIGINAL DEPARTMENT.

Dr. Horace Green and Catheterization of the Bronchi.

By the Editor.

(Read before the Medico Chirurgical College, New York.)

The paper recently read before the College by Dr. Horace Green having now been published, is legitimately open to criticism. On hearing it read, I expressed my dissent in general terms to some of its teachings, and proposed, as soon as opportunity offered, to discuss its merits and demerits. That opportunity has now arrived, and I shall exhibit the grounds of my dissent in his presence, and in the midst of his friends, of whom I claim to be one, and none the less because I may differ from him on some of the points made in his late paper. Indeed, he himself complains, and with apparent justice, that the New York Academy of Medicine have allowed their own report on this subject to sleep on their table for five years unmolested, and contrasts this neglect with the extensive attention paid it by medical men abroad; so that he invites and challenges scrutiny on the subject of this paper by the profession everywhere.

The title of this paper is, "On the Difficulties and Advantages of Catheterism of the Air-Passages in Diseases of the Chest." And in a spirit of candor he first proposes "to correct in his former publications what later experience and more extended observations have shown to have been erroneous conclusions," and expresses his wish to "resord and announce these recognized errors, and to point out some of the difficulties that attend this plan of treatment."

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After such an exordium, he most strangely proceeds to reply to this question, viz.:

1. "Can the operation of catheterism of the air-passages be performed with certainty and facility?"

This is all he ever claimed in any of his former papers, viz.: " certainty and facility," which in terms ignore any "difficulties." What "difficulty" is there in doing that which can be done with "certainty and facility?" This question he nevertheless answers affirmatively, in a paper, the title of which admits that there are difficulties, the only point upon which the Committee of the Academy had definitely pronounced. Its "possible practicability under favorable circumstances" nobody has denied or doubted, and Dr. Green had no pretext to prove this by any authorities. All of us have seen it done, if any of our number have not repeatedly done it. But as to the "certainty and facility" of doing it, none of us can express our dissent in more explicit terms than does the author himself in another part of this identical paper, when he sets forth its difficulties, and even dangers, in terms which exhibit the opposite of "certainty," or "facility" either; and this not only in the hands of Bennett, Trousseau, and other authorities, but even in his own hands. I quote from page 3 of the printed copy:

"Notwithstanding this operation is being daily performed at the present time, yet it is not always accomplished with certainty and facility. Nature has so guarded the opening into the ærien passages that catheterism of the bronchi is an operation that will be found difficult often to accomplish. In many cases, I am confident, the tube passes over the glottic aperture, and enters the æsophagus, even when the operator feels quite certain that it has been introduced into the larynx. In my own practice I have found myself deceived, not unfrequently, especially in the first years of my experience in this mode of treatment. At first I believed the instrument to have taken the right course, but afterwards ascertained, in many instances, that it had entered the æsophagus."

Dr. Green himself also admits that thirty-two attempts were made by himself and others before the Committee of the New York Academy of Medicine, and that they succeeded in only eleven cases, while they failed in twenty-one. Did this imply "certainty and facility," or prove the opposite of both, very great difficulty?

But I now cite from the 4th and 16th pages of the printed copy of Dr. Green's paper, to show that he admits numerous "difficulties and dangers," wholly inconsistent with either "certainty or facility:"

"The arytenoid muscles are the especial constrictors of the glottis. These muscles (as Longet has demonstrated) receive filaments from the recurrent nerve. Covering the lips of the glottis is a narrow zone of exquisitely sensitive mucous membrane, which receives its nervous filaments from the internal branch of the superior laryngeal nerve. These two nerves, the one supplying the constrictors, and the other this strip of mucous membrane, communicate freely with each other, but they have no connection whatever with the epiglottis. The irritation of this body, therefore, will have no effect upon either the motive or sentient nerves peculiar to the larynx. This is important to remember, namely: that the epiglottis, in its normal state, is an organ nearly insensible; but when the least irritation of that sensitive portion of the mucous membrane which covers the supra-glottic space occurs, this irritation is quickly communicated to the constrictor muscles, through filaments of the recurrent and laryngeal nerves, and the aperture of the glottis is as quickly shut up. When it is desirable, therefore, to medicate the ærien passages in disease of these parts. it is necessary, as all are aware, to educate the glottic aperture, by repeated cauterizations of this opening. For if, under ordinary circumstances, the attempt be made to pass the sound, or probang, into the larynx before the exquisitely normal sensitiveness of this point of membrane be partially subdued, it will probably prove abortive; or, if successful, and the instrument be made to pass the supra-glottic guard, a violent spasmodic action, not only of the constrictors, but of all the other muscles of the larynx, will occur, followed, often, by great irritation of the parts, and a suffocative cough; and if, under these circumstances, the operator persist in finishing the operation, by injecting a solution of the nitrate of silver into the bronchi, the irritation and cough are both greatly increased, and in some instances inflammation of the bronchial and pulmonary tissue have been awakened, apparently by these combined disturbing causes." "I first prepare my patients by making applications, with the sponge-probang, and nitrate of silver solution, for a period of one or two weeks, to the opening of the glottis and the larynx, until the sensibility of the parts is greatly diminished. Then, having the tube slightly bent, I dip the instrument in cold water, (which serves to stiffen it for a moment, and obviates the necessity of using a wire,) and with the patient's head thrown well back, and the tongue depressed, I place the bent extremity of the instrument on the laryngeal face of the epiglottis, and gliding it quickly through the rima glottidis, carry it down to, or below, the bifurcation, as the case may require. It is necessary that the patient continue to respire, and the instrument is most readily passed during the act of inspiration. The tube being introduced, the point of the syringe is inserted into its opening, and the solution in-This latter part of the operation must be done as quickly as possible, or a spasm of the glottis is likely to occur. Indeed, if the natural sensibility of the aperture of the glottis is not well subdued by previous applications of the nitrate of silver solution, or if the tube, in its introduction, touches roughly the border or lips of the glottis, a

spasm of the glottis is certain to follow, which will arrest the further progress of the operation."

Indeed, at the expense of consistency, yet with a candor which does him credit, he relates a number of cases in detail, showing that both difficulties and dangers of a formidable character, even jeoparding the life of the patient, have attended and hindered this catheterism of the air-passages, and even relates fatal cases in inferior animals, (the cat and dog,) which he ascribed to the strength of the injection employed; see p. 10-11. And it will be recollected that Dr. Carnochan related at the time that he tried it on two dogs, and killed them both.

"I have recently instituted some interesting experiments upon animals, (the cat and dog,) in order to ascertain how strong a solution of nitrate of silver can be borne, when injected into the trachea and bronchi. I experimented upon these different animals, but found the results the same, under similar circumstances, in both the cat and dog. But I will detain the College with the history of only one case.

"A young dog, eight months old, weight fifty pounds, was treated by bronchial injections. His jaws were opened by an assistant; a cord being placed around his tongue, it was readily drawn out of his mouth, when the epiglottis, and the opening of the glottis, were seen without any difficulty. I passed the tube quite readily into the larynx, and carried it down eight inches, into the trachea. Here it was allowed to remain several minutes, without producing the least disturbance. while the respired air passed freely through the tube. After a time I injected a small amount of a weak solution of the nitrate of silver through the tube into the lungs of the animal; but, as he did not seem to be at all affected by this, I soon after threw in half an ounce of a solution of the strength of fifteen grains to the ounce. After being released, he commenced playing about as usual, without showing a symptom of any disturbance whatever. The next day he appeared perfectly well, and was as playful as ever. At 5 o'clock P. M. on the following day, I again introduced the tube into the dog's larynx, and conveying it down, nearly the whole length of his trachea, but not below the tracheal bifurcation, I injected into the bronchi the ounce syringe full of a strong solution of the nitrate of silver, of the strength of thirty grains to the ounce of water. This amount, in proportion to the weight of the animal, would be equivalent to three ounces of the solution of this strength to an adult. The respiration of the animal was not impeded at the time, nor did any signs of suffocation follow immediately this operation of injecting so large an amount of fluid into the air-passages. The dog, for a time, ran about as usual. At 7 o'clock, two hours after the operation, I visited him at his kennel, and calling him out, found him with tail hanging down, eyes dull, and breathing with some difficulty, and uttering occasionally a short cough. On listening to his sides, moist, bronchial, and crepitant râles were heard throughout both lungs. He was allowed to lie down in his kennel. At 10 o'clock I went to him again, when I found that all these symptoms had greatly increased; the dyspnoa was quite difficult, and the dog

was disinclined to move about. He died during the night.

"I examined the lungs the next day; the bronchial mucous membrane was highly inflamed. Both lungs were inflamed, and gorged with blood; and bloody and frothy mucus blocked up the bronchial tabes. The animal died, therefore, of inflammation of the lungs and bronchi, superinduced by the large and strong injection of a solution of nitrate of silver into the bronchi.

"It is evident, then, that nitrate of silver may be used of that strength, and to that amount, in bronchial injections, as to prove fatal to animal life."

I now refer to the description given on page 5 of the symptoms in one of Dr. Green's own cases, and any pathologist can judge whether its repetition would have been safe, or justifiable:

"A spasm of the glottis immediately succeeded its introduction, and instead of withdrawing it at once, as should have been done, I proceeded to finish the operation, and injected a drachm of the solution (15 grains to the ounce) into the bronchi. By the time the operation was completed, the whole chest seemed thrown into a violent spasmodic action; a convulsive cough, with dyspnœa, followed, which continued during several hours, but was finally somewhat relieved by the use of chloroform, and the administration of anodynes. The cough and dyspnea, however, with increased expectoration, and pleuritic pains, continued for several days; and, although the patient became in the course of a week quite comfortable again, under general treatment, yet she never entirely recovered the favorable state she was in before the oc-As the patient and friends were greatly currence of the spasm. opposed to any further topical treatment, it was never afterwards employed. The pulmonary symptoms increased, the disease progressed, as usual in such cases, and the patient died on the 10th of October, about two months after the last employment of the tube."

Dr. Richards' case is found on pages 6 and 7, and is cited in corroboration:

"By the time the operation was finished, the muscles of the throat and chest were violently convulsed, and this was followed by a suffocative cough and profuse expectoration. This irritation, increased cough, and expectoration lasted during several days; but it finally subsided, and the patient ultimately regained a good degree of health."

But read Dr. Bennett's report on page 7, and what shall we say of "certainty and facility" here? Dr. Trousseau's fatal case is recorded in the same connection, pages 7 and 8, although he ingeniously explains it, and Dr. Green gives still another, and very plausible theory, but the patient was dead.

"He writes: 'A gentleman, in the last stage of phthisis, with cavities in both lungs, and tubercles very generally distributed among them, after long treatment with the probang, allowed me to inject the bronchi. I did so, and he was immediately seized with the most violent dyspnœa. I thought he would have died in my study. It continued several days, and then gradually declined. After five weeks' confinement to bed, he was restored to the same condition he was in formerly. This was six months ago. My opinion is, that he made a too violent effort to hold his breath and retain the catheter, and either ruptured an emphysematous portion of the lung, or caused a small abscess to break, as the operation was followed by abundant purulent expectoration."

"'Once this practice,' continues M. Trousseau, 'in my hands, caused the immediate death of a child. The case was as follows: I had operated upon a child two and a half years old; he breathed very well. I dropped into the trachea ten or fifteen drops of a solution of nitrate of silver; a coagulation of thickened mucus, which was in the principal brouchi, immediately followed, and the child died, strangled, in less than a minute.' 'An accident of this kind,' he adds, 'can never happen if a sponge moderately wet with the caustic solution be used; and with the instrument which you use, a model of which you have sent to me, I cannot see how an accident can occur to the lungs."'

Thus far it will be obvious that my dissent from the teachings of this paper have been restricted to the simple proofs furnished in the paper itself, that the "difficulties" of this operation are underrated, and even ignored by the claim of "certainty and facility," which latter claim is here denied, and this on the authority of Dr. Green's own showing.

But my dissent from the paper is still more decided, when he comes to speak of the "advantages" of catheterism of the air-passages in discuss of the chest. These alleged "advantages", I maintain, are greatly over-stated by the author. In proof of which I refer to the following extraordinary paragraph on p. 12:

This method of treatment, in this class of diseases, has been continued, more or less, since the report to which I have referred was made; and such has been the amount of success which has continued to attend this plan of treatment up to the present time, I am now ready affirm, after an experience of many years, in a field of observation unusually large, that, if I was required to relinquish all other known therapeutic measures, or topical medication, in the treatment of theracic diseases, I should choose the latter, with hygienic means alone, in preference to the entire class of remedies ordinarily employed in the treatment of these diseases."

Here Dr. Green distinctly proclaims in italics that "topical medi-

cation in the treatment of thoracic diseases, with hygienic means, alone," are more safe and reliable than "all other known therapeutic measures," including the "entire class of remedies ordinarily employed in the treatment of these diseases." He even goes so far as to say that he would rather relinquish all other treatment than to dispense with topical medication by bronchial injections, &c., for he dwells in this connection upon his former paper on 106 cases of pulmonary diseases, treated by bronchial injections, &c.

But there is a vagueness and obscurity in his use of terms very objectionable in a scientific paper, because unintelligible and inaccurate.

"Diseases of the chest," "thoracic diseases," and "pulmonary diseases," are all used synonymously, and "bronchial injections" the topi-But hæmontvsis, empvæma, emphvsema, pleucal treatment for all. ritis, pneumonia, hydrothorax, pericarditis, and the various diseases of the heart, all belong to the category of diseases of the chest, and are included among thoracic diseases. Yet the author certainly cannot recommend "topical treatment by bronchial injections" in any one of And so also tuberculosis, which is generally a constitutional disease, an hæmatonosus, a disease of the blood, is the chief among pulmonary diseases; yet, even for this, topical medication is recommended, though a physical impossibility; for the mucous membrane accessible to bronchial injections is not the seat of the local mischief, nor can topical medication be applied to the tubercles, which are situated in the parenchyma of the lungs, beyond and above the bronchi, or their ramifications, being usually in the summit of the lung in "early phthisis."

It is plain, then, that these numerous diseases of the chest, thoracic and pulmonary, are not intended by the author to be included, when he expresses his preference for topical medication over all other means.

But Dr. Green's meaning is manifest, when he comes to cite authorities for the topical treatment at home and abroad; and it it is remarkable that every one of these speak of its use in topical diseases, viz.: in the throat, larynx, trachea, and bronchi. In croup, diphtheritic, and other kindred affections, Trousseau and other foreign testimonies are cited, as also Dr. Gay and others, of Boston; but they do not speak of diseases of the chest, or thoracic, or pulmonary diseases, but only of the larynx, trachea, &c., as in croup before or after tracheotomy.

My objections to this paper, it must be obvious, do not lie against topical treatment for the relief of topical diseases, for I have no prejudices against these, but the contrary. The application of the sponge,

wat with solutions of nitrate of silver, sulphate of copper, or the preparations of lodine, to the fauces behind the epiglottis, or within the laryux, trackes, and bronchi, (or wherever the mucous membrane can be reached without undue violence,) when this is the tissue involved, in juntifiable, as Dr. Green has proved, and such is the correducative testimony that this practice in safe hands need have no terrors to the physician or patient. But a reliance on this or any other local means, to the exclusion of general treatment, or except as auxillary to the latter, in any constitutional disease, is pathologically and therapouthvally an absurdity. Nor in tuberculosis will this and hygicule means be in any case a justifiable reason for the neglect of other countitutional treatment, as science and experience may indicate. Let topical remedies be restricted to topical diseases, and their utility will be unquestioned. But when any attempt is made to substitute those for, or to exalt them to pre-eminence over, general remedies in constitute and diseases such trachings should promptly be met by demountialing their erronous character.

thingth, I chieve to the teachings of this paper, that what is called cache according to the property cannot be performed with the "certainty of the base deposit to it; even by the author of the paper himself; with a time of the material experiments he has acquired a tact in the contained by few. Yet, even he records in this paper to the material entering the larynx, and has frequently thought to the author entering the larynx, and has frequently thought the larynx, and entered the esophagus instead of the glot-containing his solution into the stomach! And he candidly in the highlity to error for the guidance of others; a palpable that neither certainty nor facility can justly be claimed for this life all operation.

The cases I have cited from this paper itself show that there are intomical and physiological difficulties in all cases, requiring that the carts concerned be educated to tolerate the introduction of the catheter, by frequent cauterizations with the sponge-probang, for days, and even for weeks, before the nerves become sufficiently insensible to admit it. Then the patient has to be taught to regulate inspiration and expiration, so as to aid its passage. Next, the instrument must be passed quickly, so as not to touch the border of the glottis, else a spasm follows, which arrests the progress of the operation, which must then be abandoned for the time. Hence, I deny that it is done with "certainty and facility" by anybody.

It is difficult for the operator, but it is more difficult for the patient

to bear, as the cases narrated prove, nor can it be said to be free from danger. Death has followed it upon the inferior animals, and two fatal cases are reported, one in the hands of Trousseau, and one reported by the Committee of the Academy, occurring at Bellevue Hospital. Dr. Green has himself recorded several cases of very narrow escape from death, in his own hands. So that it cannot be denied that instead of "certainty and facility," difficulty and danger should be substituted for these terms.

My practical inferences are, that this operation called catheterism of the air-passages is one which is only adapted to rare cases, not of pulmonary or thoracic diseases, ordinarily so classed, but of bronchitis, and analogous affections of the mucous membrane, lining the air-passages. In these, Dr. Green has the merit of having demonstrated that it is possible, and proving its utility in the cases to which it is adapted. In his hands, and with selected cases, this treatment has been useful.

But the operation will be found difficult in inexperienced hands, and requires very great caution, for the reasons set forth in this paper so truly and forcibly.

The topical medication before and after tracheotomy, as in *croup*, and its employment in *diphtherite* and kindred affections of the mucous membrane lining the air-passages, by the means, and in the ways here described, constitutes a valuable addition to our therapeutic means. But no catheter is required ordinarily in any of these cases, the sponge-probang, as Dr. Green has shown, being amply sufficient.

Termination of the Debate in the Academy of Medicine at Paris, on the Introduction of a Tube into the Larynx in Cases of Croup.

Translated, for this Journal, from "L'Abeille Médicale,"

By S. C. CHEW, M.D., Baltimore.

[The following is appended as corroborating our views, exhibiting as it does the results of the latest experience of Trousseau, Velpeau, Malgaigne, Bouchut, and other Parisian authorities.—Ep.]

The President announced that, as the list of speakers was exhausted, he would read the resolutions—the first of which is as follows: "The Introduction of a Tube into the Larynx, as proposed in the treatment of Croup, is a means at once difficult of execution, always inadequate in its results, and often dangerous."

- M. Malgaigne.—I would remind the President that I have offered other resolutions, namely, to thank M. Bouchut for his communications, and to invite him to make known to the Society the results of his latest researches with regard to this operation.
- M. Trousseau.—I am opposed to these resolutions. M. Bouchut, I regret to say, has been wanting in that respect which is due to the Academy. The committee appointed for the purpose, desiring to know the results of M. Bouchut's experiments, requested him twice to communicate them. M. Bouchut has not deigned to reply to our requests. I think, therefore, that our confrère does not deserve the thanks of the Academy. But, for this, I should have been the first to support the proposition of M. Malgaigne. As it is, however, I shall oppose it as far as I am able.
- M. Velpeau.—I understand the embarrassment of the Academy with regard to this question. The statements made here are certainly not encouraging: nevertheless, the measure is new, and has as yet been little tried. All are agreed that it may be employed within the first forty-eight hours without the occurrence of accidents. It requires further investigation, and if it does not deserve our approbation, it is as little deserving of censure.
- M. Trousseau.—Our resolutions contain not a word of censure; they point out the dangers of the practice, and that is all. Are we not justified in considering the operation dangerous after the experiments we have tried at Alfort, and the deplorable results of those experiments?
- M. Velpeau.—I would willingly offer an amendment, that should make the first resolution read as follows: "We think that, as it has been employed up to the present time, the introduction of a tube into the larynx is neither sufficiently efficacious, nor sufficiently free from danger, to deserve the encouragement of the Academy!
- M. Malgaigne.—I am not opposed to this resolution, provided the words "without prejudicing the operation in view of the future" be added.
- M. Trousseau.—This is superfluous; besides, it is imprudent for the Academy to pledge itself to any future action in the matter.
- M. Larrey.—Gentlemen, I think we should be cautious with reference to the future. The history of surgery shows how necessary this is. Have you forgotten what repugnance the operation of tracheotomy in croup at first met with? Was it not universally reprobated? And yet to-day you extol its excellence. What assurance have we

that the operation, at present under consideration, has not the same fortune reserved for it? For these reasons I support the amendment of M. Velpeau.

M. Gibert.—Why prolong the debate? Why not content ourselves with a resolution which does not compromise us for the present, nor involve us in any future responsibility, which expresses such facts as have been observed—such results of experiments as are known?

The President then read the resolution as amended by M. Velpeau. Several voices.—In place of "encouragement," substitute the word "approbation."

The resolution was put to the vote, and adopted.

The second resolution was also adopted without discussion; it was as follows: "In the present state of the science, tracheotomy is the only means to be employed in croup, when medical agents afford no further chance of saving life."—Maryland and Virginia Medical Journal.

The Nervous Centres of Animal and Organic Life.

By John O'Reilly, M.D.,

Licentiate and Fellow of the Royal College of Surgeons in Ireland; Resident Fellow of the New York Academy; Member of the Medico-Chirurgical

College of New York.

It appears to be unquestionably true that in one class of animals, known amongst naturalists as the *Invertebrata*, there is only a single nervous system.

In the second class, called the Vertebrata, there is a double nervous system.

It is evident that the nervous system, which is common to both, must be the most important.

It would seem, therefore, that the second nervous system, which is only found in the higher classes of animals—(the Vertebrata)—was added to furnish a habitation for an intelligent, immaterial agent, capable of providing for the wants and sphere of life appertaining to their more perfect animal organization.

To understand this explanation, it becomes indispensably necessary to become thoroughly conversant with the distribution of the nervous system in the lowest classes, with a view of comparing them with the nervous systems of the highest classes of animals; and thus be enabled to note what parts or centres of the nervous system are present in each.

A concise description of the nervous system of man may not be misplaced in the first instance; and most probably will afford facilities towards comprehending the subjects to be subsequently brought under notice.

The cerebrum, cerebellum, pons variola, medulla oblongata, spinal cord, with the cerebro-spinal nerves, form the animal nervous system.

The superior central, (Pineal gland,) the cerebral, (pituitary gland,) the otic, the lenticular, the spheno-palatine, the submaxillary, the three cervical, the throacic, the lumbar, the sacral, the cardiac, the splanchnic nerves, the semilunar, the diaphragmatic, the stomachic, the hepatic, the splenic, the pancreatic, the nephritic, the mesenteric, the lacteal, the spermatic or uterine ganglia, with their branches and plexi, constitute the organic nervous system.

It is proper I should state that I named the ganglia, located at the anterior border of the semilunar ganglia, after the organs they were instituted to preside over.

Mr. Harrison, in his Practical Anatomy, observes that almost all the nerves of the cerebro-spinal system communicate with the organic nerves.

I will now proceed to demonstrate that one nervous system is sufficient to discharge all the functions appertaining to life in the Invertebrața.

In some of the lowest classes of animals, very great difficulty has been experienced by anatomists in discovering a nervous system of any kind.

Trebly, Goede, and Carus failed to discover any trace of a nervous system in the Acalepha.

Dr. Grant describes a nervous system which he found in the Boroe Pileus, consisting of a double circular nervous filament, situated round the oval extremity of the body, which sends off minute filaments in each of the spaces between the longitudinal bands of ciliæ.

These eight points, from which the longitudinal filaments come off, present ganglionic enlargements.

Spix, a German anatomist, describes a nervous system in the Actinia, which may be considered an isolated polypus, having no calcareous skeleton, and fixing itself in the rocks by its fleshy base, consisting of minute filaments, with minute ganglia surrounding the fleshy base, from which were given off nerves to the different parts.

Amongst the Echinodermata, Tiedeman describes in a small species of this genus a nervous system, consisting of a circular cord around

the mouth, from which proceeded a filament along each ray, having at its origin a minute ganglionic enlargement. The nervous ring rested upon the extreme edge of the central aperture, in the calcareous frame-work of the body, and the filaments rested on the inferior surface of the rays, concealed by and at the base of tubular feet and suckers.

Two other filaments, much shorter than those just described, are given off from each of these ganglionic enlargements, to be distributed to the stomach and other viscera.

This animal possesses considerable muscular power.

In the Ascidia Mammillata, belonging to the Mollusca Tunicata, Cuvier describes and figures the nervous system as consisting of a single oblong ganglion, situated near the anus of the animal, and between that and the bronchial orifice. From the ganglion branches are given off; some of which, passing to the esophagus, encompass it in the form of a ring.

This animal is surrounded by a muscular sac, which, by its contraction, can compress and empty its general cavity. This receives some muscular filaments.

The solitary ganglion of the Ascidia seems to regulate the action of the orifices of ingestion and egestion, and of its enveloping sac, on which depends the slight locomotive action of the free species.

Dr. Anderson says, in the Conchifera the nervous system is adapted for the functions these animals have to perform, which are: ingestion of the food, respiration, and locomotion.

These nervous centres, or ganglia, are consequently placed in immediate relation to the organs destined to those functions.

The esophageal or labial ganglion are the most important. They are two in number, situated more or less near the mouth, and are united by a transverse band, which arches over it.

From these ganglia nerves are given off to the mouth and tentacles, and to the anterior parts of the viscera.

Each ganglion has a branch of communication to the pedal ganglion and to the bronchial ganglion.

In the Distoma Hepaticum, belonging to the Entozoa, Bogannus describes a nervous system, consisting of a nervous collar or ring, with two lateral ganglia entwining the esophagus; and two nerves, which are distributed to the posterior part of the body.

Otto describes the nervous system of the Strongylus Gigas as consisting of median nervous filaments, with closely approximated ganglia.

The Cirrhopoda have abdominal cords, with ganglia developed on them—and there is a nervous collar around the esophagus.

The Annelida have a varied number of ganglia, united by double longitudinal fissures.

In the Crustacea, the common Talitrus has a regular series of ganglia developed, at an equal distance from each other.

In the Myriapoda, the Scolopendra Morsitans has a nervous system consisting of twenty-one double ganglia, situated on the ventral surface of the body, connected by intervening double longitudinal cords. From each ganglion are given off lateral nerves, to supply the neighboring muscles, viscera, and feet. These ganglia are nearly all of an equal size, excepting the first, which is the largest, and from which are given off additional nerves to supply the maxilla.

Mr. Owens says each joint of the articulata corresponds to a division of the nervous system.

In the Gastropoda, the common snail has two nervous centres; one placed above the esophagus, the other below it—both connected by two cords, embracing the esophageal tube. The upper ganglion supplies nerves to the muscle of the mouth, as well as the skin in its vicinity.

It likewise furnishes the nerves of touch, and of vision, besides those distributed to the generative organs. And from the sub-œso-phageal ganglion, which fully equals the brain in size, arise those nerves which supply the muscles of the body and viscera.

The nervous centres obey the movements of the mass of the mouth, with which they are intimately connected. They are pulled backward and forward by the muscles, serving for the *protrusion* and *retraction* of the oral apparatus, and are thus constantly changing their relations with the surrounding parts.

In the snail it would seem that the great mass of the nervous collar which embraces the esophagus will, in some instances, permit the mass of the mouth to pass entirely through it, so that sometimes the brain rests on the esophagus, and other times it is placed on the inverted lips.

In the Nudibranchiate, the nervous centres exist in the most concentrated form, and indeed it is doubtful whether there are any other ganglia, excepting the large supra-æsophageal ganglion.

In the Tritonia there are four tubercles placed across the commencement of the œsophagus, the nervous collar being completed by a simple cord.

All the nerves which supply the skin, the muscular integument, the tentacles, the eye, and the muscles of the mouth, arise from the tubercles. And anatomists have not hitherto detected any other source of supply. For these particulars I am indebted to Dr. T. Rymer Jones.

It would be superfluous to continue giving examples of animals having only a single nervous system.

The next matter, therefore, should be to determine what division of the nervous system in the vertebrata is identical with, or discharges the same functions as, the nervous system of the invertebrata.

All animals require for the continuance of life the ingestion of food, or nutriment, in the stomach. Therefore, in all animals there must be provision made for the function of deglutition, and such is found to exist in all animals.

The nervous rings surrounding the mouths of the lowest classes of animals, such as the boroe pileus, the star-fish, the esophageal ganglia found in the mollusca, preside over the function of deglutition in the invertebrata.

The location, the position, the distribution of the nerves point out the spheno-palatine ganglion, as presiding over the function of deglutition in the vertebrata.

It will be recollected that this is one of the organic ganglia. I will now quote Mr. Harrison's description of the spheno-palatine ganglion. "It is a small, triangular, reddish substance. It is imbedded in fat, surrounded by branches of the internal maxillary artery, and is situated on the external side of the nasal plate of the palatebone, which separates it from the cavity of the nose, behind the tuberosity of the superior maxillary bone, and in front of the pterygoid processes. Three sets of branches pass from the ganglion; an inferior, internal, and a posterior.

First, the inferior, or palatine nerves, descend in the bony canal of that name; send through the canal some small twigs, to the spongy bones, and near the palatine separate into three filaments; an anterior, middle, and posterior. The anterior is the largest, and passes forward in a groove within the alveoli, and above the mucous membrane, supplying the latter, the bone and teeth, and finally enters the foramen incisivum by a very fine filament, which communicates with the nerves in the septum narum.

The middle and posterior filaments of the palatine nerves are distributed to the amygdalæ, the soft palate, and uvula. The posterior

usually descends through the osseous canal of the pterygoid portion of the palate-bone. The internal branch of the spheno-palatine nerve is very short, passes through the spheno-palatine hole to the upper and back part of the nose, and divides into five or six branches. The most important of these pass immediately into the mucous membrane covering the superior and middle spongy bones; one branch, called the naso-palatine nerve of Cotunius, passes beneath the sphenoidal sinus, across the root of the nose, and descends obliquely forward, along the septum nasi, as far as the foramen incisivum, where it communicates with the interior palatine branches, and where some anatomists describe a small ganglion (naso-palatine) to exist. This, however, in the human subject, can seldom be distinguished from the surrounding fat and vessels.

The third, or posterior branch, of the ganglion, is the vidian, or superior petrosal nerve; this passes backward through the vidian canal, above the pterygoid plate, and sends some small filaments into the sphenoidal sinuses; it there perforates the cartilaginous substance that closes the foramen lacerum anterius, enters the cranium, and divides into branches; an inferior and posterior. The inferior, or carotid branch, enters the cavernous sinus, and joins the plexus formed around the artery, by the ascending branches of the superior cervical ganglion of the sympathetic. The superior, or petrosal branch, runs backward and outward, beneath the dura mater and Casserian ganglion, in a groove on the petrous bone; enters the hiatus fallopii in the bone, and becomes attached to the portio dura nerve—the part of function being marked by a small gangliform expansion. The vidian nerve accompanies the portio dura as far as the back part of the tympanum; it then leaves it, receives the name of chorda tympani, and enters the tympanum a little below the pyramid; invested by mucous membrane, it now proceeds forward, between the long leg of the incus and the handle of the malleus—to the latter it is firmly connected; it then escapes by a canal, which appears near the internal extremity of the glenoid fissure; it next runs downward, inward, and forward, joins the gustatory nerve, and continues attached to it as far as the submaxillary gland; it now leaves the gustatory nerve. and unites with filaments from it in the submaxillary ganglion, which is situated near the posterior edge of the submaxillary gland, and from which a number of filaments proceed; these form a plexus. which supply the gland."

It requires very little reflection to understand the part the intelli-

gent agent, situated in the spheno-palatine ganglion, has to enact in the process of the selection of food, mastication, the salivary and secretion, and deglutition, when its connections are remembered.

It may be supposed that sufficient proof has not been given to sustain the declaration that the esophageal ganglion in the invertebrata, and the spheno-palatine in the vertebrata, are identical, as to their functions in the animal economy.

I beg, therefore, to direct attention to comparative anatomy.

In the Ruminantia, the spheno-palatine ganglia are very large; they are double the size in a sheep, when compared with a carnivorous animal of similar dimensions. I presume it is unnecessary to specify (the mode of mastication in these animals is quite different from the carnivorous) or to discuss the reasons why the spheno-palatine should be so large in the former, as reflection will at once suggest the answer.

Again, it will be recollected that a snail, having a supra-æsophageal ganglion, has the power of regurgitation.

In fact, it can swallow its oral apparatus, and again regurgitate it. In this respect it resembles the ruminantia. It is a remarkable fact that several of the gasteropoda, to which the snail belongs, have stomachs similar to the ruminantia.

I have next to observe that the circulation is common to the invertebrata and vertebrata. As the former have only a single nervous system, it is evident that the nervous centres which preside over similar functions in the vertebrata, must be of the same character as that of the invertebrata.

In the human subject, I think I will be able to show satisfactorily that the heart and arteries are under the superintendence of the intelligent agent situated in the organic nervous system.

"The cardiac ganglion," says Mr. Quain, "lies beneath the arch of the aorta, and the bifurcation of the trachea, in close contact with the former, extending from the division of the pulmonary artery to the origin of the brachio-cephalic. This may be considered as the common point of union of the cardiac nerves that issue from the cervical ganglion, and the immediate source from which the different nerves proceed to supply the heart."

Scarpa thus describes the cardiac ganglion: "Anastamosis illa, valde insignis, quæ inter utriusque lateris cardiacorum nervorum truncos, sub aortæ, curvatura, paulo supra cor conficitur."

Mr. Harrison remarks: "The size and structure of the cardiac ganglion are very variable. Instead of a single distinct ganglion, it often

appears as a congeries of small ganglia entangled in the plexus of the uniting nerves."

Mr. Harrison also observes, "that the roots of the large vessels and the structure of the heart are supplied by branches from the great cardiac ganglion and plexus."

In my opinion, the congeries of ganglia should be called the *right* auricular; the right ventricular; the left auricular; the left ventricular; the aortic and pulmonary ganglia.

These ganglia being all united, form the congeries that Mr. Harrison speaks of, and send off a plexus of nerves to the organs just designated, so that each can discharge its functions independently, and at the same time, harmoniously. Thus it is that the four apartments of the heart are located in one muscle; and thus, too, do the cardiac nerves of the right and left side terminate in ganglia, united together, apparently forming one body, like the heart, but destined to preside over the left and right sides of the heart.

The mechanism of the heart, as well as the arrangement of the ganglia, challenge and demand the most profound thought of the anatomist and physiologist, as being the most exquisite and beautiful piece of workmanship in the human body, and the tabernacle in which are placed thrones for rulers, possessed of extraordinary and unerring wisdom.

I have now stated sufficient facts to enable any person to perceive that the heart, the great central muscle of the circulation, receives its supply of nerves from the organic nervous system; and consequently, that the nerves connected with the circulation in the invertebrata must be of the same kind; and such, in truth, is the fact, the *invertebrata* having only one nervous system.

Respiration is common to both classes of animals. The blood is aerated in each by the pulmonary nerves, derived from the anterior and posterior plexus.

I am satisfied the pulmonary nerves have the power of decomposing the air or water, as the case may be; allowing the oxygen to pass into the blood, and the carbon to be set free. The oxygen is necessary for the maintenance of life in the organic nervous system.

It must strike every person that, if oxygen were to pass in, and carbon to pass out at the same moment, carbonic acid would be formed; thus no oxygen could get into the blood.

It will be recollected that the TORPEDO has the faculty of giving electric shocks. As electricity will decompose water, it therefore fol-

lows that the torpedo has the power of decomposing water into its separate elements.

As the electrical organization is connected with nerves in the fish alluded to, so in like manner is the decomposition of air in the lungs accomplished by nervous influence.

Dr. John Davy has obtained decisive evidence of chemical agency being excited by animal electricity. He passed the discharge from a torpedo through a solution of nitrate of silver, common salt, superacetate of lead, and found that all were decomposed.

I hope I will not be deemed as digressing from my subject in making the following remarks:

The torpedo, it is known, must be in a state of vigor and activity to give off the electric fluid with force. A man must be healthy and strong before he can have proper semen discharged. The torpedo must be stimulated, so too must the man. When the semen is emitted, a distinct shock is communicated to the whole system. Therefore the production of the semen is isocronous with the shock.

The power which gives the shock, on the one side, gives the impulse to the semen on the other, which is promptly ejected.

As life is situated in the organic nervous system, nothing else can be imparted to the semen but life itself.

It therefore follows, that the semen contains the vital agent. I will now relate an anecdote, which, although ludicrous, will throw considerable light on this interesting subject.

A cook lived in a family in Ireland, in the neighborhood of the place in which I was born, where a fool, of a very low degree of intelligence, was daily in the habit of visiting. Being of an amatory disposition, the cook indulged the appetite of the fool with the good things of her department, and eventually induced him to have sexual intercourse with her. All went on well until the semen was being discharged, when the fool exclaimed in *Irish*, which is a very expressive language, "Murder! murder! the life is leaving me!"

This story is literally true, and explains forcibly the shock given to the nervous system, as well as the impression conveyed that something more than the semen was evolved.

The semen being the result of a process, where the whole organic nervous system is engaged, and as the influence of the whole is concentrated on one particular organ, it so happens that, cotemporaneously with the shock, a miniature representation of the exterior of the body, as well as a true delineation of its internal organization, is

daguerreotyped on the spermatic ganglion, which is instantly reflected on the semen, and propelled with force, in many cases, to the nidus prepared for its reception. Hence family likenesses between parent and offspring can be accounted for.

I repudiate the superlatively Liliputian idea entertained relative to the spermatozoa, as contrary to ason and common sense. The enthusiasts that state that there are myriads of living animals in a drop of semen, each capable of being formed into a man, must hold the opinion too, that the one left to become fully developed has been guilty of the most unpardonable fratricide, in annihilating his innumerable brethren, who were placed in a similar position with himself, as to rights of independent existence.

Lallemand has adduced several instances of a feetus seven months old, in which all the functions of life were carried on, and the organization completed, although the brain and spinal cord were absent. It will be perceived that a feetus of this kind precisely resembles a Mollusk.

I am indebted to Dr. Bachelder, a highly distinguished Fellow of the Academy, for kindly suggesting the proof that even in the human subject, the cerebro spinal system is not necessary for the continuance of life.

It now becomes necessary to disprove the theory that respiration, circulation, and digestion depend on the operation of the par vagi.

The vagi may be divided without stopping respiration, circulation, or digestion. Longet operated on dogs, some of which lived to the fifth day. Dupuy found that horses lived up to the seventh day. De Blainville, that pigeons lived to the seventh day.

These experiments alone are conclusive that the functions specified do not depend on the vagi.

Several distinguished physiologists failed in exciting the muscular action of the heart by irritation of the vagi.

Longet mentions that he failed in influencing the rhythm of the heart by the application of galvanism to the vagi of dogs, rabbits, and sheep; but very frequently succeeded by scraping the cervical cardiac branches of the vagus. It is to be remarked that Longet did not draw any distinction between the animal and organic nerves; he forgot, or did not appreciate the fact, that the cardiac nerves were derived from the cervical ganglia, and consequently of precisely the same character as the nerves distributed to the heart.

This experiment proves conclusively, and positively, that the organic nerves are only influenced by the action of the organic nerves.

I cannot use language sufficiently emphatic to impress on physicians and surgeons to pause and reflect on these experiments on the vagi and cardiac nerves.

Legallois has proved by numerous experiments that an animal will continue to breathe after the division of both vagi in the neck, if care be taken to secure the ingress and egress of air to and from the lungs.

Mr. Reid observes, that if the vagi be injured above the origin of the recurrent laryngeals, none of the muscles attached to the aretenoid cartilages can any longer act in unison with the muscles of respiration—all these movements cease, and the superior aperture of the larynx can no longer be dilated during inspiration. Let me here state that the organic nerves which supply the muscles of the larynx are derived from the superior cervical ganglion; and that the pulmonary plexus is partly formed by filaments from the long cardiac nerve derived from the superior cervical ganglion; and that division of the vagi, as above stated, destroys the unity of action between the organic nerves in the larynx and pulmonary plexus.

An animal nerve is capable of holding up communication between one organic nerve and another of the same kind.

Mr. Reid says, "Although respiration were much diminished by the removal of the cerebrum and cerebellum, and then dividing the vagi, they continued for a longer or shorter time."

Volkman, Flouren, and Longet confirm these observations by experiments.

Mr. Aheid confirms the experiments of Dupuytren, that no morbid change could be discovered in the lungs of dogs, on the side on which the vagus had been tied, in six months after the operation.

Messrs. Mayo and Müller failed in exciting muscular contraction in the stomach by irritating the trunk of the vagi.

Bichat, Tiedeman, Gmellen, Longet, Breschat, Milne, Edwards, inferred that the muscular movements can be excited in the stomach of a living animal, by galvanizing the lower end of the vagi in the neck, from its effects upon the digestive process.

These gentlemen seem to have forgotten that the branches of the par vagi inosculate with branches of the stomachic plexus in the stomach, and that the secretion of the gastric juice depends on the operation of the latter nerves.

Magendie observed that these muscular movements of the stomach continued after the section of the vagi. Mr. Reid confirmed Magendie's remark by experiments on a dog; where, after cutting the vagi,

and on the dog recovering, he found that the stomach could still propel the chyme onward towards the duodenum.

Messrs. Reid and Longet found that dogs, whose vagi had been divided, experienced sensations of hunger, if they survived a certain number of days.

Leuret and Lassaigne detail the result of an experiment on a horse, where the process of digestion went on after the division of the vagi, with loss of substance.

Arneman tied the vagi of a dog, and as the animal lived until the 165th day after the operation, it was killed.

Sedillot, Chaument, and Mr. Reid arrived at similar results from experiments on dogs—that the digestive process was carried on after the division of the vagi. What stronger proofs, what more forcible arguments, what clearer demonstration could be adduced than the experiments just detailed to prove that respiration, circulation, and digestion can be carried on without the assistance of the vagi?

That the nervous system in the invertebrata is of the same character as the organic nervous system in the vertebrata, can be demonstrated by direct experiment.

Every joint of the class of animals known as the articulata possesses a distinct nervous system, capable of carrying on all the functions appertaining to its individual capacity. Hence it is that a lobster may be partitioned into several parts, and each part be still living. The common earth-worm may be divided into parts, and each will be capable of forming a perfect animal. Numerous instances of this kind might be cited, were it necessary so to do.

As it may be supposed such results could not be obtained by section of the vertebrata, I have to repeat what I stated in a former paper, that the brain of sheep may be destroyed; that the head may be severed from the neck at the articulation between the atlas and condyles of the occipital bone; that the head will give evidence of life, by opening and closing the mouth; that the body will give vigorous manifestations of life for minutes.

This experiment is conclusive that the cerebro-spinal system is not engaged in the vital functions, and further proves the identity of the ganglionic nervous system of the sheep with that of the gasteropoda, to which class the snail belongs, and whose head can be cut off almost with impunity; the articulata, to which the crab and lobster belong; the amelida, to which the earth-worm belongs.

Having now, I hope, clearly shown that the nervous system in the

invertebrata is the counterpart, and fully and truly represents the organic nervous system in the vertebrata, I will next proceed to show the functions of the cerebro-spinal system.

That an intelligent, immaterial agent resides, or has its habitation in the brain, is momentarily demonstrated; and it scarcely requires to point out that the nerves of sense are connected with it. To elucidate the fact that it is the seat of the mind—it is by the full development of this animal nervous system that man shows his superiority over all other animals, in wisdom and reason. The mind becomes conscious, by the organs of sense, of the nature of all bodies external to it. The mind reflects, judges, and wills what course should be pursued by the body, under certain circumstances; and has under its control a chief messenger or agent, known as the spinal cord—which latter is amply supplied with auxiliaries, in the shape of spinal nerves, which proceed from it to all parts of the body—fully carrying into execution the commands with which they are charged by the mind, as well as carrying back to it any intelligence which it should be made cognizant of.

The animal, intelligent, immaterial agent, inhabiting the brain, requires, and is susceptible of receiving knowledge and education, and has provision made for its reception, by an expansion of the cerebral matter.

Without entering into a discussion relative to phrenology, it may be stated that, in proportion to the development of the cerebrum, the mental intelligence is of a very high or low standard.

It is a well-known fact, that idiots have thick skulls—that the cerebrum is not developed to any considerable extent—that its place is sometimes occupied by a cyst. In some of the Hottentot tribe, the cerebrum is not of the same size or dimensions as the European. The deficiency in intellect, as well as moral endowments, are too well understood to require any force of argument to substantiate. Here, it must be admitted, a physical impossibility is placed in the way of the race, that these people form a portion of, to cultivate the arts, the sciences, industry and morality, that characterize and distinguish the white population.

Having, I trust, proved the correctness of Bichat's theory, with respect to there being two nervous systems, an animal and vital, I will endeavor to point out their connection and mode of action.

What can be more magnificently grand, or transcendently sublime, than the examination and contemplation of the scientific and ingenious arrangement by which two intelligent, immaterial agents are made the occupants of two distinct, material substances, perfectly developed in their organization, and merely connected together by links or bands of communication—and thus ordained to discharge their functions, in mutual unison and usefulness?

How provident the order which commands the one to repose, thus insuring a quiescent state of the entire members of the body, which are subjected to physical exercise by the mandate of the will!

How wise the precaution that precludes the possibility of the other postponing its operation; any cessation being incompatible with the continuance of life!

What a careful conservative principle is manifested in the design, which enables the immaterial agent, resident in the organic ganglia, being placed in such a position as to be enabled to regulate and assist its fellow, situated in the animal nervous system, whose duty consists in providing for communication with the external world, thus acting ostensibly in a capacity subservient to life, or its requirements!

How marvelous the sagacity and premonition which exclude and prohibit any direct communications taking place between an organ essentially associated with life and an instrument of the will!

If the heart, for instance, depended on, or was under the control of the will, what enormous mortality would be the result! Good care, however, is taken that no animal nerve should visit the heart; thus excluding the animal, immaterial agent, and leaving the vital, immaterial agent supreme ruler of the action of the heart; and thus it will be perceived that the organ on which life depends is placed under the guardianship of life itself, and is perfectly independent of the will.

I am not indulging in figurative language, but simply stating facts, which have already been proved by direct experiment.

It would be superfluous to enter into details of the reasons, or the results, of the vivisections set forth in my former papers, to prove the Pineal gland is the great central ganglion, or president of the organic nervous system. On the present occasion, suffice it to say, that it is; and that, when the operations of the mind are active in the brain, there is a reciprocal communication taking place between the immaterial agent, located in the brain, and the other immaterial agent resident in the ganglion. Whatever troubles the immaterial agent in the brain, likewise harasses the immaterial agent in the organic nervous system.

Let any man place his hand over his heart and deny this proposition if he can. Who has not experienced anguish, depression, and

painful sensations about the heart under certain bereavements? Why are not similar feelings experienced on the right side? No one supposes, I believe, that the muscular substance of the heart is the source from which the grievance emanates. Who can now be at a loss in accounting for the source, when he can point with the tip of his finger to the site of the great cardiac ganglion?

If the mind, located in the brain, can communicate with the cardiac ganglion, through its connection with it by the par vagum, à priori, the brain can communicate with the central ganglion through the pedunculi of the brain attached to it.

The central ganglion may be pronounced as a ganglion sui generis; the same observation is true of the cardiac ganglion.

Every practical physician and surgeon has ample opportunities afforded him, almost daily, of witnessing, what may be denominated an experiment, on a living subject, which should convince him of the relations subsisting between the brain and the ganglion; and which should have long since attracted the attention of some astute and thinking physician.

In the first stage of meningitis, there is contraction of the pupil—in the last stage there is dilatation of the pupil. At first there is irritation of the brain; and lastly, there is effusion into the ventricles of the brain. The brain is connected by the par vagum to the cardiac ganglion, just as it is to the lenticular ganglion, by an exceedingly small filament of the third pair; but the brain cannot influence the pulsations or movements of the heart, which derives its nerves from the cardiac plexus; and, à priori, the brain cannot influence the iris, which receives its nerves from the lenticular ganglion.

Irritation of the cardiac nerves, which are connected with the branches of the par vagum, will influence the rhythm of the heart—and why? Because they belong to the same class of nerves as those which supply the heart. Irritation or compression of the central ganglion will affect the lenticular ganglion, through the medium of the connecting branch of the third pair, because the two ganglia belong to the same nervous system.

In further illustration of the laws which regulate the action of the two nervous systems, the organ of hearing affords a beautiful example.

The otic acts as an assistant to the auditory nerve, and causes the contraction or relaxation of the tensor tympani muscle; and, of course, a similar condition of the tympanum, to meet the necessities or wants of the auditory nerve, in regard to communicating the different kinds of sound to the mind.

The lenticular ganglion, on the same principle, regulates the admission of the rays of light through the pupil, to enable the retina to execute its office efficiently in carrying the image of the figure, impinged on it, to the mind.

The superior cervical ganglion sends a branch of communication to the lenticular ganglion; also a branch to the sixth pair, as well as branches to the cervical nerves.

The reasons for these communications will be understood, when it is recollected what occurs when a person looks behind his shoulder—the branches of the organic nerves, sent to the spinal nerves, cause the proper contraction of the muscles of the neck.

The branch sent to the sixth pair regulates the contraction of the abducens muscle—whilst the branch sent to the lenticular ganglion fixes the pupil in a proper axis to receive the rays of light—thus harmonious action of all the muscles is insured.

What a beautiful and admirable arrangement!

Again, this ganglion sends nerves to the muscles of the larynx, to the cardiac ganglion, which sends branches to the heart and lungs.

The mode in which the parts act will be perceived, on reflecting what occurs when a person is within the sphere of carbonic gas.

The aretenoid muscle at once contracts, closing the rima glottis— thus the action of the heart and respiration cease at the same moment—instant death is the consequence.

The spheno-palatine ganglion has already been described. Its functions consist in causing a secretion from the submaxillary gland, of saliva, to be incorporated with the food during the process of mastication; causing a secretion of mucous from the tonsils, for the lubrication of the bolus in its passage to the æsophagus; to prevent the food passing through the posterior nares, by throwing over them the curtain formed by the soft palate; it also prevents jarring of the teeth.

The branches of the ganglion act in concert with the fascial, as is exemplified when a person sees food he relishes; the saliva is secreted. It acts also with the gustatory branch of the fifth pair, in selecting the food which should be eaten, as well as that which should be rejected. Thus it is that animals are able to avoid poisonous herbs, a circumstance which is well marked in the sheep and goat.

The cardiac ganglion gives off the plexus which presides over the

action of the heart, and holds communication with the central ganglion, through its connection with the par vagum.

The pulmonary nerve presides over the aeration of the blood; and, by its connection with the par vagum, has the power of calling to its assistance the respiratory muscles, when any obstruction to the entrance of air into the bronchial tubes exists.

The idea that the construction of the muscular fibres of the intestines depends on irritability of the muscular fibre, as well as a similar condition of the uterus, by a like cause, will be found to be fallacious, when critically examined.

It is an ascertained fact that the iris is a circular muscle, and receives nerves from the lenticular ganglion. It is equally true that the intestines are composed of circular fibres, and receive nerves from the mesenteric plexus or ganglion.

The uterus is a hollow muscle, composed of circular, longitudinal, and diagonal fibres, supplied with nerves from the uterine ganglion.

If, therefore, the iris contracts under the influence of the nerves derived from the lenticular ganglion, it follows, as an irresistible deduction, that the intestines, as well as the uterus, being similarly circumstanced, with respect to the distribution of nerves, will contract on the same principle.

In the one case, there is ocular demonstration of the action of the nerves, as is seen in the eye.

In the others, there are palpable and unmistakable evidences brought under notice.

I am now arriving at a stage of my investigation of the greatest importance and all-absorbing interest. It relates to a phenomenon with which every physician and surgeon should be perfectly familiar; and one, too, which in my opinion is susceptible of clear elucidation, if not actual demonstration.

I allude to the circulation of the blood through the heart and arteries, under the agency of the immaterial agent situated in the organic nervous system. A correct knowledge of the nature of inflammation, as well as fevers and other diseases too numerous to mention, is allied with a full conception of this matter. It becomes one, therefore, of vast magnitude. Here I cannot avoid repetition:

"From the cardiac plexus (I quote Mr. Quain) three orders of filaments proceed: some pass backward, and join the pulmonary plexus; others turn forward, to gain the forepart of the aorta, but the descending branches, by far the most numerous, pass to the heart

itself. In fine, they are dispersed in two sets, which take the course of the coronary arteries, and are thence termed. The anterior coronary plexus passes forward, between the aorta and pulmonary artery, and ramifies on the right ventricle and auricle. A great number of them being directed towards the right border of the heart, whence they communicate with the branches of the posterior, or coronary plexus. This plexus will be found to ramify on the inferior and posterior surface of the left ventricle and auricle.

"These nerves were at one time supposed to be confined to the arteries which they accompany, but the researches of Scarpa have shown that they pass away from the vessels in many places, and enter the muscular structure of the heart."

Mr. Harrison gives a more minute description of that plexus, showing the connection of the cardiac nerves with the convexity and concavity of the aorta.

It requires no arguments to prove that the heart, as well as the aorta, in the first and second stages of its course, is amply and largely supplied with organic nerves.

Mr. Harrison says, in speaking of the filaments given off by the inferior cervical ganglion, "that several also encircle the subclavian artery, and unite beneath it in the first thoracic, or dorsal ganglion." Again, he observes, "some extend along the subclavian, or axillary artery and its branches, and may be traced to a great distance, forming plexi in their tissue. A considerable fasciculus ascends along the vertebral artery, forming plexi around this vessel.

"Those of opposite sides unite with the basilar artery; they follow its branches, and communicate with analogous filaments from the carotid plexus."

Mr. Quain says, in speaking of the superior cervical ganglion, "that the ascending branches are two in number; they enter the foramen caroticum, and form around the artery a plexus, from which two filaments pass upward, to communicate with the sixth nerve in the cavernous sinus.

"One or two may also be traced along the carotid artery, as far as the minute ganglia, placed on the arteria communicans; another terminates in the PITUITARY GLAND and INFUNDIBULUM."

Here, I beg to remark, the PEDUNCULI of the PINEAL GLAND, or CENTRAL GANGLION, can be traced in the brain of a sheep down towards the infundibulum, thus forming a complete nervous communication between the cervical, cerebral, and central ganglia.

Here the intimate connection of the organic nerves with the arteries is sufficiently manifest to the most superficial observer.

A plexus of nerves, derived from the thoracic ganglia, surround the thoracic aorta. The semilunar ganglia, at their anterior border, will be found connected with eight or ten smaller ganglia, connected together by filaments. These ganglia, already named, taken together, form what is called the solar plexus, and from which radiates a plexus of nerves to encircle the different arteries, which spring from the aorta, in their course to, and entrance into, the organs after which they are named.

Mr. Quain remarks, "The aortic plexus is the direct communication of the solar; its branches form a complete network upon the aorta, which can be traced along the illac vessels."

It is well known, that when any obstacle is thrown in the way of the free circulation of the blood, the vis-à-tergo is increased, as is witnessed in valvular disease of the aorta, causing constriction of the orifice, when the left ventricle contracts more forcibly to overcome the difficulty, its muscular development is increased, and hypertrophy of the left ventricle is said to exist.

When a person is attacked with inflammation under a strong fascia, the artery leading to it will be found to beat strongly to surmount the impediment preventing the circulation of the blood; that is to say, the compression of the vessels underneath the fascia.

The heart receives its nerves from the cardiac ganglion.

The radial artery, assuming the inflammation to be under the palmar fascia, receives its nerves from the plexus surrounding the axillary artery. Similar causes, similar agents, similar effects, characterize and assimilate the former to the latter case.

It is generally supposed that the heart contracts by irritability of the muscular fibre. In reply to this theory, it may be stated, the iris contracts and dilates. Passing from a dark to a well-illuminated room, will cause the iris to contract; whilst returning to the dark room will cause it to dilate. Hence alternate contraction and dilatation can be produced.

The heart, with its several cavities, may be considered, taken as a whole, as a hollow muscle, capable of contracting and dilating, as is witnessed in the case of the iris.

The *iris* receives the ciliary nerves from the lenticular ganglion; the *heart* receives its nerves from the cardiac ganglion.

The nerves received by both muscles are of the same character; and

hence the phenomenon in both cases must be attributed to the same nervous influence.

If the muscular, or what is usually called the cellular, coat of the artery receive organic nerves, then its contraction and dilatation can be accounted for, precisely on the same principle as the heart, or iris, or intestinal tube.

In the 1st Vol. of the Transactions of the Physico-Medical Society, of New York, for 1817, will be found a very valuable and ably written paper, entitled "Reflections on the Pulsations in Epigastrio, with an Inquiry into its Causes," by Valentine Mott, in which the following passages occur:

"That a pulsatory motion in the epigastric region should occur, unaccompanied with disease of any of the surrounding organs, is a curious and interesting fact. It is one of the most extraordinary and inexplicable phenomena attendant upon nervous irritation."

Again: "That nervous irritation should here be concentrated, and develop itself in the form of a pulsation, is no more extraordinary than the phenomenon of BLUSHING."

Further on: "A very strong and regular pulsation was felt in epigastrio. It was so great, that Morgagni says he never saw it exceeded—it was very visible externally. The dissection of this patient showed no vestige of disease, either of the heart, large vessels, or abdominal viscera."

In the London Lancet, published in 1833, there is a case reported, which was under the care of Dr. Watson, in the Middlesex Hospital, of a tumor in the epigastric region, which was mistaken by several practitioners, who declared it to be aneurism, and which subsided on the patient being well purged.

What stronger proofs could be adduced to prove the contractility and dilatation of the arteries?

What higher American or European authority could be cited to show that the contractility and dilatability of arteries depend on nervous influence, than the illustrious Professor Mott?

Who, possessed of the organs of vision, could contradict the conclusion, that the pulsation in epigastrio depends on nervous irritation, on seeing the aorta and cœliac axis completely surrounded by nerves derived from the solar plexus?

I cannot avoid mentioning, in proof of the nervous power exercised over the muscular fibres of the heart, that when the heart of a reptile is cut out of the chest, it will bound about for some time, just as the

joint of one of the articulata will move or change its position. As it may be said that this action of the heart of the reptile depends on muscular irritability, it is necessary to state, that if the animal is killed by strong, or concentrated prussic acid, there will be no such movement of the heart. The reason is obvious, because the vital immaterial agent, residing in the organic nervous system, has been destroyed, or ejected from its entire habitation.

I have to remark that the organic nerves are extremely long and delicate, in comparison with the animal nerves. A good example of this is presented in the cardiac nerve, which proceeds from the superior cervical ganglion.

Again it will be remembered, in the *invertebrata* the nerves will be found accompanying the arteries.

It might not be deemed a long stretch of the imagination to assert that the plexus of nerves, which can be traced to such a very long distance, encircling the arteries, accompany them to their destination, which is unquestionably true, as I will presently demonstrate from comparative anatomy.

Mr. Swan, in his admirable description of the organic nervous system in the boa constrictor, says, "This plexiform structure varies in different parts, and becomes much greater about the beginning of the intestines, but it resembles that corresponding in the semilunar ganglia in the turtle. Near the kidney it assumes the form of a nervous membrane, or retina; before it is distributed on the urinary and generative organs, branches pass from the plexi with the arteries to the different viscera."

Could a clearer demonstration be given, that the organic nerves surround the arteries in the shape of a retina?

I presume it is not necessary to insist on the difficulty of distinguishing a nervous expansion as fine as the retina, from the cellular coat of the artery, or even to dissect it off when recognized.

It follows from what has been now stated, that wherever there is a nerve there is an artery, and where there is an artery there is blood.

This inquiry admits of being gone into in more minute details. However, sufficient data, it is expected, have been presented to convince the most incredulous that such a precise adaptation of ingenious means to accomplish wise ends, could not have been the production of chance; as well as, that the supporters of the doctrine of spontaneous generation, together with the chemists, who attempt to explain the phenomena of life on philosophical or chemical principles, are in error.

It is manifest, indeed, that the former class of persons never reflected on the intricacies of the organization, and peculiar manner of animal formation; whilst chemists, in arriving at conclusions, forget they are only experimenting on the effects of a certain cause, which is called life. And until they are able to unravel the mysteries of this immaterial agent, their labors are fruitless, as regards the operations of life.

It is clear that all animals are sprung from others of the same species, and consequently modeled after the ones originally made.

Since the command was given to "increase and multiply," the propagation of animals, from the most insignificant animalcula to man, the highest in creation, will go on by fixed and immutable laws, without further interference on the part of the Creator. There will be no pause or intermission, until the edict for the suspension of further generation is proclaimed.

With a view of elucidating some of the laws which regulate the workings of the organic nervous system, I will endeavor to point out the mode in which cutaneous perspiration is induced.

A familiar example is exhibited, when a person takes violent or active exercise. The respiration is rapidly increased; the heart pulsates violently; there is general arterial excitement, with a flushed countenance. The cause of all these changes consists in more oxygen passing into the blood, by the excitation of the pulmonary nerves, than is required for the maintenance of life in the organic nervous system. To preserve life, the excess of oxygen must be disposed of. The temperature of the blood is raised to a high degree; the serum of the blood gives off hydrogen, which combines with the surplus oxygen; serum is formed, which transudes through the pores of the skin, coming off in large drops. Hence the thirst, and demand for cold water to drink, is easily understood; hydrogen must be supplied for the oxygen.

It is now evident that the water which is imbibed by the mouth passes off by the skin. This proposition cannot be denied.

If water can pass out by the pores of the skin, there is no reason why the water should not pass in by the same inlets. It is on this principle that if a man, when thirsty, immerses himself in fresh or salt water, his thirst will subside. The hydrogen of the water unites with the excess of oxygen, the organic nerves are no longer over-stimulated, and the burning thirst ceases.

Hence it is, a man drenched with water will live for a long time, in comparison with another wearing dry garments, when both are

similarly circumstanced—as the deprivation of water to drink. The danger of drinking ice-water, when the body is heated, is now susceptible of explanation. The cold paralyzes the organic nerves in the stomach—the transition from heat to cold produces a violent shock, which pervades the organic nervous system in an instant. Hence it is a person may drop dead.

To illustrate the manner in which the "wear and tear" of the organic nervous system is provided for, it is necessary to state, in the first instance, that fibrin is required for the reparation of a wound, that lime is requisite for the union of a fractured bone.

When a girl is suffering from chlorosis, the extreme paleness, the green tinge under the lower eyelids, the sclerotics, the dilated pupils. the blanched lips, the waxy and languid expression of countenance. the feeble gait, the palpitation of the heart, the pain in the side, the tendency to faint, the sense of suffocation on making exertion, the peculiar longings for certain loathsome kinds of food, the weakness of the back, cold extremities, the total or partial suppression of the menstrual flux, or the leucorrhea, which very frequently existsleave no doubt but the organic nervous system is deranged, and is in a state of inanition. The blood is in such cases impoverished, and destitute of iron, which, on being administered with other appropriate adjuvantia, quickly restores the patient to health and vigor. Here the iron produces its good effects, by repairing the material substance of the organic nervous system, exactly in the same way that lime or fibrin are conducive to the production of bone or development of muscle.

In the second stage of phthisis, when the tubercles in the lung or lungs are producing irritation or inflammation, profuse nocturnal perspirations harass the patient. He will be attacked with fever every evening, and complain in the morning of having wetted three or four shirts during the night. Under these circumstances, the respiration will be found hurried; the excitation of the pulmonary nerves will cause too much oxygen to pass into the blood, which must be liberated or set free by the process already specified, namely, perspiration.

In the last stage of phthisis, matters are quite different—when, forsooth, pneumo-thorax takes place, leaving only one lung to discharge the functions of respiration, and that too, perhaps, half destroyed by ulceration. It is here the accumulation of mucus rapidly fills the aircells, and ushers in the mucous rattles in the bronchial tubes—keeping out the air, and consequently the oxygen, until at length the breath of life is extinguished.

If the spheno-palatine ganglion preside over the secretion of the saliva from the salivary glands, and the mucus from the tonsils, and that the secretion from the submaxillary gland take place through its connection with the vidian nerve, I presume must be admitted.

Then follows, as a consequence, that the saliva of a rabid dog owes its poisonous influence to a morbid condition of the spheno-palatine ganglion; and that the difficulty, an insurmountable obstacle, presented to swallowing can be accounted for, by recollecting the parts, supplied with nerves from the spheno-palatine ganglion, are in a highly irritated and sensitive state.

If the spheno-palatine ganglion is the original seat of the disease, and the organ morbidly affected in the dog, it follows, as a legitimate consequence, that the spheno-palatine should be the ganglion implicated in a man laboring under hydrophobia; and that such is the case cannot be denied by any person, who has seen a case of hydrophobia. Verbum sat.

It is almost unnecessary to remark that the spheno-palatine ganglion guides the poisonous secretion from all venomous beings.

It must be now obvious, a thorough and comprehensive knowledge of the laws and connections which govern and regulate the animal and organic nervous systems is indispensably required by every medical practitioner—such, in reality, being the alpha and omega of medical and surgical science. It is the foundation on which a permanent superstructure, capable of containing a universal knowledge of the nature of diseases, as well as a true explanation of the modus operandi of therapeutic agents, can be erected.

It is, to use the words of a great philosopher and accomplished scholar, Professor Martyn Paine, "what will ultimately distinguish the scientific from the superficial physician."

230 4th Street, Washington Square, South, Feb. 15th, 1860.

MEDICAL EDUCATION.

EDITOR AMERICAN MEDICAL GAZETTE—My attention has been called to an article in your Journal for December, 1859, on "Medical Education," by T. J. Cogley, M.D., of Madison, Indiana, copied from the Nashville Journal of Medicine and Surgery, which seems to require some notice, mainly on account of its appearance in journals of so

great respectability, and its numerous innuendoes, misrepresentations, incorrect—not to say false—statements, and miserable pretences at argument.

Its personal bitterness, but poorly concealed under a thick garb of pious cant, admits of no notice, save merely recognition and detestation. The physician who can publish over his own signature the "Surgical Notice" in the January, 1860, number of the Nashville Journal of Medicine and Surgery, copied from an Indiana newspaper—and which, if I am not mistaken, is the same which was read, to the confusion of a certain gentleman, at the annual meeting of the Indiana State Medical Society in 1858—places himself, in my humble judgment, beyond the pale of the profession; and no true physician cognizant of the fact can descend to his level, except to expose his true character. So much for that branch of the subject.

The first paragraph of this article closes with the statement that the language pretended to be quoted in the next paragraph "seems to have received the sanction of the Society, whilst it has not." Paradoxical as it may seem, this statement is at once true and untrue. These pretended quotations are evidently intended to be understood to have been taken from the Transactions of the Indiana State Medical Society for 1859, and are garbled by omissions, transpositions, and changes of words and members of sentences, and, as written in Dr. C's article, were not before the Society, and so did not, because they could not, receive its sanction. But the language of the Report as offered, and as published in the Transactions of the Society, did receive its sanction, by a very large majority—not less, the writer believes, than four-fifths of the members concurring.

The same statement, substantially, is repeated in a subsequent paragraph, in the following words, viz.: "These sentiments are tinged with the effect of having been previously laid on the table by an almost unanimous vote; and now, although referred to the Publishing Committee, the general principles alone are concurred in; so that it is but the expression of an individual or two, and not of a Society;" which contain just enough truth to show the disposition and expertness of the author, in so perverting truth as to convey a false idea. At the annual meeting in 1858, a Report was made from the Committee on Medical Education, accompanied by several resolutions—the first one of which, while under discussion, was divided, and the first part of it, concurring in the general principles of the Report, and directing its publication in the Transactions, was adopted by a large

majority. The latter part of it, authorizing the issue of one thousand copies of the Report in cheap form, for general distribution—after being encumbered with no less than seven or eight motions, all entertained by an incompetent presiding officer—accidentally occupying that position—whose signal incompetency and want of professional character had quite demoralized the Society—perhaps Dr. C. could tell who it was—was opposed by some who heartily concurred in the Report, and was withdrawn by its author, on account of the confusion consequent upon the aforesaid palpable incompetency; and then, to get rid of this confusion, the subject was laid on the table by its friends. And, immediately afterwards, the Society—not the presiding officer—by a unanimous vote, placed the author of that Report on the Committee on Medical Education for the next year. Possibly this statement of facts may account for the virulence of Dr. C's attack on the Report of 1859.

I have said, his pretended quotations; for, not one of them is a true quotation, as your readers will see by comparing the language of the Transactions and these pretended quotations, as exhibited in parallel columns below; remembering that Dr. C. professes to give, not the substance—but, the very words—by using quotation marks.

Dr. C's pretended Quotations. Language of the Transactions.

"Our medical schools, looking only to pecuniary considerations, have become the nurseries of quackery. Many able men are educated in them, but by far the greater number are wholly unfit to practice the profession."

"It is notorious that every year students are rejected from physicians' offices, as unfit to aspire to a place in the profession, and are placed upon an equal foot"Our medical schools, looking only to pecuniary considerations, have become the nurseries of quackery. I know that many able men are educated in them, but by far the greater number are wholly unfit to practice the profession. If we can get our Society to take the proper stand, we may soon hope to induce some of the schools to modify their system of instruction, and make it what it should be, and what the interests of humanity demand."

"Thus we see that, while the field of professional study has been greatly extended, and the facilities for its cultivation greatly increased, less time and labor are now spent in reaching a so-called respectable position in the profession. For, it is notorious that every year students, who are rejected from physicians' offices, (and

ing with the brightest ornaments of the profession by our medical schools from one end of the land to the other. almost, if not entirely. without exception;" and the reason assigned is. because the "income of these professional teachers is proportioned to the number of pupils and of graduates. In this way, the love of money is made to operate to the reduction instead of the elevation of the standard of preliminary, as well as professional, education."

the number of such might be, and we believe ought to be, greatly increased,) as unfit, by reason of inferior mental endowments, or the absence of preliminary education and mental training, to aspire to a place in the profession, are put upon an equal footing with the most thoroughly trained and educated men - the brightest ornaments of the profession-by our medical schools, from one end of the land to the other, almost, if not entirely, without exception. This fact is indisputable, and we think can be traced to the following three producing causes, viz.: 1st, to the private examination for, and conferring of degrees on, their own pupils by professional teachers, whose pecuniary income is proportioned to the number of pupils and of graduates. In this way, one of the mightiest impelling forces in human nature—the love of money—is made to operate to the reduction, instead of the elevation, of the standard of both preliminary and professional education. And although we can, with glowing pride, point to examples here and there, of individuals who are able to rise above all mercenary considerations, we are forced to acknowledge that this is an impossible feat with the mass of mankind. 2nd, The fast spirit of the age, which impels candidates for all the professions, and indeed for all employments requiring skilled labor-mental or physical—to rush into them with undue preparation, at the earliest possible period, so that it will not insure defeat and disgrace, &c, &c. And 3d, The ignorance of the public as to the requisites of the true physician—their general skepticism of the science and the art of medicine -and numerous cases of apparent success in persons of their acquaintance who have devoted very little time or study to the profession. Under these circumstances, the student, (in

"The student, driven from the physician's or private teacher's office for want of essential requisites, goes at once to one of our medical schools—and it matters not to which of themand, by paying for two courses of lectures-although he may not hear a dozen of the lectures -he may, in eight months, obtain a diploma, certifying his full qualification to practice every department of the profession. Or, he may, after four years' pretended practice, obtain a diploma, by paying for a single course of lectures, and claim an equal standing with any."

nomine solo,) driven from the physician's or private teacher's office for want of essential requisites, goes at once to one of our medical schools-and it matters not a great deal to which of them—for, though there is a dif-Arence, it is very much less than many suppose -and, by paying for two courses of lectures and the graduation fee-although he may not actually hear a dozen of either course of lectures—he may, in eight months' time in some schools—sixteen months in the most fastidious of them-obtain a diploma, certifying his full qualification to practice every department of the profession. Or, if unwilling to pay for two courses of lectures, he may go to some strange place, at once dub himself Doctor, and if possessed of a certain tact, will, in many communities, obtain a standing equal to that of any worthy member of the profession. Or, failing in that, may, after four years of pretended practice, obtain a diploma by paying for a single course of lectures, return, and claim an equal standing with any."

The fourth paragraph commences with another statement which invites some scrutiny-viz.: "The foregoing is selected, not from any desire to give notoriety to any particular person or committee, but because it is recent and at hand. Such expressions are readily attainable in great abundance, emanating from various sections." in a subsequent paragraph, he exclaims of one of these selections, "I am astonished at the audacity of the assertion." Now, why be astonished at this, if "such expressions are readily attainable in great abundance, emanating from various sections?" Again: "It really seems to me to imply a contempt of moral restraint." have heard of a would-be-great surgeon, of the advertising stripe, who, having returned from a protracted visit to the great hospitals of Dublin, Edinburgh, London, and Paris, was, once upon a time, "astonished at the audacity" of an unpretentious confrère, for telling him that what he proposed to divide with his scalpel, in an operation for

strangulated hernia, was the patient's bowel; and that the aforesaid would-be-great surgeon actually had "such contempt for moral restraint," or—anatomical knowledge—that he opened the intestine with a free incision—evacuating its contents before they had more than half completed their journey to the natural outlet—and, "mirabile dictu!" the patient had the "audacity" to die in consequence thereof! Might not some surgeons do quite as well, at least, "to cut" dead bodies, as "Gordian knots," or—the intestines of living persons? And, might not their own reputation—to say nothing of that of the profession—be promoted or conserved by doing even that, in a retired way, rather than before anatomists, or even common people possessed of olfactories?

In reply to the miserable innuendo, "it is difficult to suppress a suspicion of disappointed ambition," found near the close of the seventh paragraph—it is sufficient to say, that this individual suspected of "disappointed ambition"—"although the circumstances would seem to preclude the possibility of such a supposition"—does Dr. C. judge others by himself?—we all know that crows eat carrion with gusto!—has promptly replied to repeated overtures respecting professional positions, "that nothing could induce him to accept a position in any existing school in this country, on account of their irrational—in his opinion—modes of organization and instruction;" and that while he has never sought any position in the State Medical Society, of which he is a member—can Dr. C. say as much with truth?—he has replied to the inquiry, "What position will you take?" of the Committee on Nominations, "I want none; give them to those who will be induced thereby to work for the cause."

His fifth paragraph contains more than one statement of doubtful verity. The reader who has compared the preceding parallel columns will be slow to believe the assertion, "I can have no other object than the development of the truth." And inquiries at the Capitol of Indiana will sadly mar the statement, (or, its author's veracity,) "having never asked * * * any special favor of either * * * the profession in general, or of professors." We have heard of a certain President (by the grace of God) of a State Medical Society going to members of the profession in the city of the then approaching annual meeting, a few days in advance thereof, and urging the procurement of the largest hall in the place for the delivery of the annual address—advertisements in all the city papers that Dr. "——" (meaning himself) would deliver the annual address, which would be a

popular one, inviting everybody to attend, and which he desired not only to be published in the Transactions, but also a large number of extra copies, offering to contribute \$10 or \$20 of the expense of publication; and failed in every one of his requests, the Society refusing by a large majority to refer the address to the Committee of Publication at all—the first instance of the kind since the Society had an existence! Perhaps Dr. C. could tell us who this was!

His sixth paragraph, after getting off several other miserable innuendoes-of which the article has too many, and too despicable to allow notice of all-disputes a remark contained in the preface of the Report, quoted from a letter of one of the generally esteemed worthiest members of the Society, and which seems to have been a terrible nightmare to the doctor-that "our medical schools, looking only to pecuniary considerations, have become the nurseries of quackery;" and with a great flourish of trumpets, all of the key "Ego," undertakes in the next paragraph to "demonstrate" the converse. This demonstration is of a kind peculiar to the author, and must surely have been learned in the Old World. Common people understand a demonstration to be an induction of unknown truth from generally received or acknowledged truths, and axioms, or self-evident truths. Not so our traveled author. Twent-five years ago-his demonstration runswhen I came to Indiana, I had an opportunity of seeing nearly all the physicians in one of the districts, and I am sure their knowledge of the science of medicine was very inferior to that of a corresponding number of physicians in the same district now. But a very small number of them were graduates. About that time medical schools began to multiply, [and railroads also; ergo, medical schools made the railroads; or, the railroads caused the increased proficiency of medical men!] were better attended, graduates became more numerous, and although some may have obtained diplomas, who were not qualified. [most gracious admission!] I must say that I never met one who did not make the impression on my mind that he had acquired a familiarity with the science which is seldom, if ever, attained outside of a medical school. I am confident that "the general intelligence and fitness of physicians has been enhanced in the above period more than fifty per cent.." and that the difference has been brought about by the medical Wonderful demonstration! Shade of Euclid! why sleepest Arise from thy long slumber to bow at the feet of this great modern demonstrator, and learn anew thy noble science!

Seriously, could a brighter (?) example of the "post hoc, ergo,

promptu hoc," mode of reasoning be found in the whole range of literature? To say nothing of the great general advancement of the country in common, high school, and collegiate education in the region and period named, and the multiplication of sources of, and stimuli to, mental improvement, have no discoveries, has no progress, been made in the congeries of science, composing that of medicine, chemistry, Materia Medica, physiology, pathology, surgery, physical diagnosis, and microscopy? And have all these emanated from the medical schools, and do they so belong to them that they cannot be made available to the industrious student outside of them? I trow not. We would not detract one iota from the just claims of the schools. only desire their improvement to correspond with the general advancement of mind, letters, and the profession. How many of our schools have teachers who can deliver lectures on Practice superior to those of Watson, now attainable in the very words in which they were delivered in Kings College, at almost any Bookstore! And so of text-books of the present day in every department. Had those poor doctors, who had never heard lectures, such text-books as these to read? And are lectures heard hurriedly, six a day, really so much more effective in imparting knowledge than the same lectures, only three or four times as full and complete, leisurely and repeatedly read? "Credat Judaas Apella!" Had they equally numerous and valuable medical journals for perusal? Had they as much time then, in a new and sparsely settled country, with bad roads, for reading as now? To set up a claim in behalf of the schools, that they are the sole cause of all the progress of the profession, is at once preposterous and ridiculous. Why, I am told that the curriculum of one of the oldest first-class schools of the West is precisely the same now as when first established, twenty odd years ago! Progress everywhere else but in the medical schools—progress these too, but, alas! progress backward! Says Dr. Warren, in the Medical Journal of North Carolina for October, 1859, page 84, "It is unnecessary to attempt a formal argument for the purpose of demonstrating how and why the standard of medical education has depreciated in this country, for the fact is as universally acknowledged as it is deplored. To so great an extent has the rivalry between opposing schools reduced the standard of qualification among medical graduates, that the possession of a diploma is no longer regarded, either by the profession or the people, as a positive evidence of merit or respectability, but as simply conferring the title of Doctor; and in this estimate of the value of such a document, they are not only sustained by

the action of the Army and Navy Boards, in rejecting annually a large number of medical graduates, and by an acknowledgment on the part of the National Medical Association of the absolute necessity of some reform in the method of granting diplomas, but," &c., &c.

His ninth paragraph is a similar demonstration of the incorrectness of another quotation from the same letter, found in the Preface of the Report, viz.: "But by far the greater number [educated in the schools] are wholly unfit to practice the profession." Now, it is well known to many, if not to Dr. C., that those graduates, which are but a small portion of those who attend medical schools, who offer themselves for posts in the army and navy, are almost without exception from first-class medical schools, and above the average of their respective classes in attainments; and it is equally well known that a large majority of these applicants are rejected on examination. This is sufficient evidence of the truth of the disputed remark, though still more will be adduced presently; and it is a source of regret and mortification to us that facts do thus establish the truth of the remark to its fullest extent.

The tenth paragraph announces the astounding fact, that "there is another thing which others as well as myself have observed!" and the equally remarkable opinion, that of two young men of equal talents, education, and desire for knowledge, one may read medicine in a physician's office for two or three years, and the other attend carefully but one course of lectures in any respectable school, and the latter will, at the end of the course of lectures, know more of the science, and be better prepared to commence practice, than the former can possibly be. No wonder, if we are expected to receive such irrational dogmas on the mere assertion of Dr. C., that it is impossible to keep most students of medicine at the study longer than one or two short courses of lectures! But, physicians of high standing have been heard to declare, that they learned ten times as much of valuable professional science and art in their private preceptors' offices as from all their professors, of equal distinction with any in the Union, during both courses of lectures.

It is notorious, Dr. C. to the contrary notwithstanding, that every year students who have been rejected from physicians' or private teachers' offices, are, by being graduated, placed upon the same footing—as far as it is in the power of the schools to do it—with the most thoroughly trained men they graduate. We supposed this indisputable, and therefore did not then offer proof of it. We do so

now. Dr. D. W. Yandell, now a professor in a first-class medical school, stated on the floor of the American Medical Association, at Louisville, Ky., in May, 1859, that he had been a private teacher twelve years, and every year had rejected candidates for pupilage for want of brains to make physicians, and, in nearly every case, had found them in twelve or eighteen months with diplomas as good as his own. Others made similar statements, and, if Dr. C. does not know it, still, it may be true, and it is believed that the statement will be concurred in by a majority of the educated physicians of the West.

The editors of the American Medical Monthly, in their journal for April, 1859, p. 334, and sequel, say: "The professors do, in fact, have the control of the gate through which students enter the profession, not because they are particularly entitled to it, but because the rest of the profession have allowed them to assume it: * * * and so long as they use it to admit unqualified persons, it is in vain for the rest of the profession to expect to put a stop to this evil. * * * Again, if the professors hold back from any reforms, nothing can be done while they hold open the gates, and admit to the highest degree of the profession men who are unfit for it. * * * The indifference of the profession to do anything more than talk about any measures of improvement, is notorious; the indifference of the professors to do anything which shall tend to lessen their fees is everywhere apparent. * * * The professors are greedy to get the fee for graduation, and allow many a one to slip through the green-room in safety; blinded, doubtless, by the glare of gold in the ignoramus's hand. Nay, we have in our possession proof that a degree will be conferred by some of these gentlemen upon parties whom they have never seen, and who of course cannot have been under their instruction, provided a sufficient payment, and that not a very large one, is made. * * * The professors are, in fact, rivals of each other, and resort to most shameful proceedings to secure students to their own schools-that is, to bring money to their own pockets. It is no grateful task to expose these short-comings and misdoings, and we certainly shall not volunteer to do it; only alluding to these things, because so many honest members of the profession seem to expect that the millennial days of medicine will not come till the professors have studied out some plan of action, which the said professors have a constant interest in not doing. But let us not be misunderstood to say that we despair of seeing the science of medicine make rapid progress in this country. Though much remains to be done, much is already doing to put the medical science of America on a level with that of Europe, and to make it apparent that it is so placed. All that is doing comes not from resolutions of Associations, nor from the meetings of professors, but from the good sense and diligent exertions of the individuals of the profession. And all that remains to be done must be accomplished in the same way."

Says the editor of the Medical Journal of North Carolina, in the October, 1859, number, p. 87: "If professors examine properly, and grant diplomas only to those who merit them, then must the ranks of the profession be filled up with worthy men, and no just cause of complaint can possibly exist against the present system of medical education. But, as it is a notorious fact that the system is defective, and that unworthy men are constantly invested with the prerogatives of the Doctorate, it must follow," &c.

Say the editors of the Semi-Monthly Medical News, of Louisville, Ky.—both professors in a medical school—vol. for 1859, p. 119: "Our ranks require drastic purging, but, since death alone can rid us of many fungoid growths, we should rather direct attention to prevention than cure. What may be achieved by the Convention [of professional teachers] to meet here in May next, we know not; but certain it is, that if something be not done to elevate the character of the profession, our name will become a by-word and reproach." Again, p. 187: "From one end of our land to the other-from the surface, and from a few feet below the surface—there are evidences, living and dead. which might testify against those who, while decrying every pathy but their own, which is the greatest pathy of the age-humbugpathy—are willing to admit to full fellowship those who do not attend lectures at all, and regarding whose terms of study no questions are asked, simply that an additional name may be added to their graduating list. While such pettifogging is indulged, the lay profession must not look forward too hopefully for any concerted action on the part of the professors." And on page 478: "The profession should be able to turn to the teachers, and expect from them, at least, practical evidence of hatred to everything savoring of charlatanry; but what they should expect, and what they would find, are distinct propositions. The truthfulness of catalogues—the actual number of matriculants as compared with the published lists—the many graduated who had not attended lectures—the proportion of tickets gratuitously distributed to keep up appearances, and many other like iniquities, might lead to replies which, if candidly given, would startle the unintiated and lukewarm, and display some of our flash colleges in their true colors." Page 219 of same journal, a Medical Teacher says: "That this regulation [requiring three years' study before graduation] is very nearly a dead letter in many schools, is obvious. * * * There are cases where students virtually commence their professional education with attendance upon a course of lectures, and when the session is ended, they seek a promising locality, and offer themselves as candidates for practice. After continuing this career a few years, they again resort to a medical school, and after attending a second course of lectures, offer themselves for graduation."

Says M. M. Dowler, in the New Orleans Medical and Surgical Journal for March, 1857: "Medicarity and inferiority have a commanding influence over the medical profession in our country; and they are well satisfied with the smattering of medical science that is imparted in our schools. The student who is aiming at eminence, however, passes through these schools without self-gratulation. He well knows that he must pass from these strongholds of medicarity, and take care of himself by seeking other and more direct resources."

I cannot boast of twenty-five years' practice, but can say that, in twelve years, out of thirty applicants for pupilage, all save three have been rejected; one of the three, after about two years of interrupted study, attended a single course of lectures in a first-class school as a practitioner, and graduated-in violation of his pledge to continue at the study two years longer—and has not repaid the money loaned him, seven years ago, for clothing while a student. Another, although bound by a written agreement to study four years, went into practice at the end of two fractional years, and is about to graduate in an-This much may suffice to suggest to Dr. other first-class school. C. that he "don't know everything-yet." I have known matriculants-numbers of them-who never had a preceptor, and had not previously studied medicine, and had never been engaged in practice, received without a question save as to their residence; and have known some, too, who have graduated who had been rejected from private pupilage. It might not be amiss for some who are not reporters to state the truth, or at least keep themselves in a position to avoid exposure of their untruthfulness.

One would suppose that only a gosling, just returned from his first trip to "furrein parts," to boast of his travels, could ever have conceived the brilliant idea that the putting on an equal footing of different persons, by giving them precisely similar testimonials, meant that

they had equal amounts of brain, hair, or muscle. Medical schools put all their students on one of two footings—graduated or ungraduated; and all graduates are on the same footing. It was a sensible remark of a wise man, that "some great men would improve themselves, and benefit the world, more by spending their time in the study of the grammar and dictionary of their vernacular, rather than in writing for the press."

It is truly matter of regret that not only students, but some M.D.'s also, greatly need to be taught "moral principles," especially truthfulness and a becoming modesty. What a world of ink and paper might have been saved, had only Dr. C. been duly instructed in these important "moral principles!" But these so sorely flagellated Reports related to medical education, and the reporters were not aware that moral training was a branch of medical education, and consequently did not treat of it. Perhaps, thanks to Dr. C., it may find a place in their next report.

But what has stirred the Dr. up to this prodigious effort in behalf of the schools? Do his eyes glisten at the sight of a professor's chair, filled, prospectively, by T. J. C., M.D.? Well! we know of some professors, whose letters and other writings would indicate that they are not his superiors in literary attainments, whatever they might Nevertheless, we honestly confess, the schools might find a wiser advocate, if not better tool or representative. which has called forth so virulent an attack from the mighty pensword of Dr. C. is one of three, incorporating the first two in it. Not a solitary statement has yet been shown to be incorrect—not one disputed before—although grossly misrepresented in some quarters. It is an investigation of the current system of medical education—an attempt to point out its defects, and present remedies therefor. seeks the highest good of the profession, which cannot be inconsistent with the best interests of a rational system of medical education—the agency for the production of which, the medical schools are, or ought It surely cannot be difficult—at any rate, not impossible—to ascertain what would be a rational system of teaching the science of medicine. The Committee do not claim infallibility for their views. They offer them as their matured convictions, and ask that they may be examined in a rational manner, by rational men; and are altogether willing to abide the test of time and trial, assured that

> "Truth, crushed to earth, will rise again— The eternal years of God are hers."

They are not even new, having been long entertained, more or less, by no small portion of the most distinguished men in the profession, as will appear from the "Transactions of the American Medical Association," the North American Medico-Chirurgical Review for July, 1857, and other medical journals. Nor will they permit personal or side issues to usurp the place of the real issue. They have no desire to injure the schools: nor do they believe that ascertainment and acknowledgment of their defects will result in their injury. On the contrary, they would rejoice to see the schools evincing a disposition to make themselves worthy of all praise and admiration, by elevating themselves and the profession—as they may—by requiring a higher standard of talents-of literary and scientific attainments; and, for the special gratification of Dr. C., we will add in our next Reportmoral character-in their matriculants and graduates-longer terms, and more of them—not mere repetitions of the same—more study, and less fanfaranade—thorough public examination of candidates for the degree by disinterested and competent parties-instead of the farce of a secret one by interested teachers—the elevation of the standard to an approximation of that of the Army and Navy-and the removal from the schools of all the degrading and disgraceful trickery of which we have so many intimations through the periodical press, annual announcements, &c .- in order to secure large classes, and put dimes in the pockets of the professors. REPORTER.

INDIANAPOLIS, Feb. 16, 1860.

SELECTIONS.

General View of the Therapeutic Application of Electricity:

Being an Outline of Lectures delivered upon this subject before the Class of 1859 and 1860, in the Medical College of Georgia, at Augusta.

By Joseph Jones, M.D.,

Professor of Medical Chemistry and Pharmacy.

(PUBLISHED BY REQUEST OF THE CLASS.)

Gentlemen—These lectures are designed, not merely to furnish you with valuable knowledge and practical rules, but also to point out the sources of knowledge, the labors and records of the best investigators of the Physiological and Therapeutic effects of Electricity.

Your minds have been prepared for the consideration of the Therapentic Application of Electricity, by the careful study of the various

phenomena of Electricity, by the study of its relations with all the other modes of force, and of its relations to the nervous and muscular forces.

That we may, at the outset, form some idea of the importance and extent of this subject, we will glance, for a moment, at the

History of the Therapeutic Application of Electricity.

Centuries before the development of the science of Electricity, the ancients were acquainted with the effects of the Torpedo, which, as we have before shown you, is a living voltaic battery. Thus Pliny,* in his Natural History, published A. D. 77, says: "The Torpedo is very well aware of the extent of its own powers, and that, too, although it experiences no benumbing effects from them itself. Lying concealed in the mud, it awaits the approach of the fish, and at the moment they are swimming above in supposed security, communicates the shock, and instantly darts upon them."

Galen not only noticed the power of the Torpedo to communicate its shock through a spear and paralyze the hand of the fisherman, but also compared this phenomenon with the action of the Heaclean stone, called the magnet, and affirmed that he had applied the living Torpedo to the cure of headache, and found that its application to the aching head allayed pain in a manner similar to the action of other things which obtund sensation.

Ætrus also affirmed that the living Torpedo will cure chronic headache, and cause the prolapsed anus to return, whilst the dead fish is incapable of producing these effects; and Scribonius Largus, who wrote in the age of Claudian, states that the most inveterate and intolerable headache may be removed immediately and permanently, by placing a live Torpedo on the painful part, till the part becomes benumbed; and that in both species of the gout, if a live black Torpedo be placed under the feet of a patient standing on the sea-shore, when the whole foot and leg are benumbed up to the knees, the pain will be immediately and permanently removed.

The magnet was used for the cure of toothache and other disorders at an early period. Ætius, who lived so early as the year 500, says: "We are assured that those who are troubled with the gout in their hands or their feet, or with convulsions, find relief when they hold a

^{*} The Natural History of Pliny, translated by John Bostock, M.D., and H. T. Riley; published by H. G. Bohn. London, 1855: vol. xi., pp. 451, 452.

magnet in their hands." Marcellus, who lived in the fifteenth century, affirms that it cures toothache: Wecker, in the sixteenth century, says that the magnet applied to the head cures headache: Paracelsus recommended the magnet in a number of diseases, as fluxes and hæmorrhages: Kircher states that it was worn about the neck as a preventive against convulsions and affections of the nerves; and at the end of the seventeenth century magnetic tooth-picks and earpickers were made, and extolled as a secret preventive against pains in the teeth, eyes, and ears.

The magnet was also employed at an early period, on account of its true magnetic properties: Kirkringius, Fabricius Hildanus, and Morgagni used it to remove particles of iron which had, by accident, fallen into the eyes; Kircher employed it in the treatment of hernia; and in the latter part of the sixteenth, and in the early part of the seventeenth century, the magnet was employed in two cases in which knives had been swallowed, to attract their points to the surface of the stomach, so that they could be removed by incision.*

The Generalization of Electrical Phenomena, by Dr. Gilbert, an English physician, in 1600; the invention of the Electrical Machine by Otto Guericke, the philosophical Burgomaster of Magdeburg; the discovery of the Leyden Phial, by Von Kleist and the Dutch philosophers, in 1745; and the experiments of Von Kleist, Cunæus, Muschenbroek, Watson, Smeaton, Bevis, Wilson, and Canton, were followed by the extensive employment of Static Electricity in the treatment of disease.

Jallabert, of Geneva, in 1748, studied carefully the physiological action of electricity, and affirmed that this agent was capable of accelerating the circulation of the blood, of augmenting the heat of the body, of awakening sensation, of recalling movement to paralyzed limbs, and of producing involuntary, convulsive movements. He reports the cure of paralysis and wasting of the right arm of a man, which was greatly benefited by machine electricity.

The Abbé Sans, in 1772 and 1773, published a work on the employment of electricity in paralysis, and reports eight cases of paralysis cured, and several others ameliorated.

In 1778 and 1781, Mauduyt published observations upon the effects of electricity in sixty-two cases of paralysis, rheumatism, rheumatic

^{*} Beckman's History of Inventions. London: H. G. Bohn, 1846: vol. i., p. 43.

gout, deafness, amaurosis, and amenorrhoea, from which he concluded that positive electricity accelerated the pulse, whilst negative retarded it; that electricity augments the insensible transpiration, increases the perspiration, occasions evacuations, removes chronic complaints, restores sensation and movement to paralyzed limbs, and establishes critical evacuations which have been suppressed, and is favorable in paralysis, and in all cases where it is necessary to fluidify the liquids and strengthen the solids, and is injurious when there is an excess of sensibility and nervous irritation. In his treatment of disease, he generally employed the Electric Bath, (the patient was placed on an insulated stool, and connected with the Prime Conductor of the Electrical Machine,) and in many cases drew sparks from various parts of the body.

The Abbé Beetholon, 1780; Mazars de Cazelles, 1780, 1782, 1788, 1792; Sigaud de la Fondé, 1781, 1802; Cavallo, 1785, and others, published observations and works upon the Physiological and Therapeutic effects of Static Electricity.

The discovery by Galvani, in the year 1786, of the contraction of the frog's leg, when electrified, and when touched with dissimilar metals, and of the electricity inherent in the nerves and muscles; and the publication, in 1791, of his celebrated works, "De Viribus Electricitatis in motu musculari Commentarius," excited a deep and wide-spread interest amongst the philosophers and physicians of Europe.

The physiologists believed that they had at length obtained an insight into the hidden nature of the nervous, muscular, and vital forces; and the physicians began to believe that they had found the great therapeutic agent for all diseases, and that no cure, even of the most inveterate paralysis, was impossible. Excited by the experiments of Galvani, the Italian philosopher Volta, who united in an eminent degree boldness and fertility of invention with soundness of judgment, careful execution, and untiring and unremitting attention, discovered, near the close of 1799, the Voltaic Pile, which was destined to become for a time the great source of Electricity in the treatment of disease.

Alexauder Humboldt published, in 1799, his experiments upon the effects of Galvanic currents upon the nerves and muscles, which not only demonstrated the possibility of producing contractions in the muscles of frogs by a perfectly homogeneous metallic arch, and reconciled in a correct manner the experiments of Galvani and Volta, but also suggested the idea of applying the electricity generated by chem-

ical actions to therapeutics. Aldini, the nephew and pupil of Galvani, was the first, however, to occupy himself with the application of Dynamic Electricity (electricity generated by chemical charges, as in the Voltaic pile and Galvanic battery,) to the treatment of diseases; and in 1804 he published a Theoretical and Experimental Essay on Galvanism, which contains a great number of curious observations upon the effects of electricity in numerous pathological cases.

Sarlandière, Fabré Palprat, Labaune, Andral and Ratier, Andrieux, Coudret, M. Guérard, Rayer, Magendie, Bécquerel, Trousseau, Pidoux, James, Puysayé, Régnault, Graefe, Koenig, W. Wright, Charles T. Favell, Welch, Pravay, M. Marianimi, Matteucci, M. Boisson, Tytler, and others, published, between the years 1804 and 1838, numerous observations and treatises upon the application of Galvanism in the cure of almost every known disease.

The investigations of Faraday, in 1831, upon the inductive influence of electric currents, led to the formation of electro-magnetic machines, which gave a succession of induced currents, capable of acting powerfully upon living animals.

The discovery by Faraday, in 1831, of magneto electric currents, (a magnet, by induction, excites, in an unelectrified closed conductor, a current, both on being brought near to, and on being removed from, the latter,) simultaneously with the discovery of the secondary currents induced by Voltaic currents, was immediately followed by the construction of magneto-electric machines, by this celebrated philosopher, and by Pixii, Clarke, Saxton, Dove, Breton, Duchenne, and others.

These electro-magnetic and magneto-electric machines have, since the year 1838, in which they were improved and adapted to medical use, been extensively employed in the treatment of disease, in almost every hospital on the European and American Continents, and have almost entirely superseded the use of the magnet, the electrical machine and Leyden jar, and the continuous Galvanic current.

From 1840 to the present time, hundreds of cases treated with these machines have been reported in this country and in Europe; and the attempt to give you even the most general idea of the contents of these works and articles, upon the Therapeutic Application of Electricity, would not only consume far more time than can be devoted to a condensed historical introduction, but would cause needless repetition by anticipating the consideration of the results of the various labors, which will be presented at the appropriate time, under the different divisions of the subject.

Electrical Machines and Apparatus employed in the Therapeutic Application of Electricity.

During the study of the phenomena of Electricity, of its agencies in nature, and of its applications in the arts of civilized life, you have become familiar with the structure and mode of action of all the various electrical machines and apparatus; and in the description of the electrical machines and apparatus used in the treatment of disease, it will be simply necessary to give you such a condensed view as shall be far more useful to you in future, as practitioners of medicine, than a tedious description of minute details with which you are familiar.

1. Static Electrical Machines, in which the Electricity is generated by Friction—Ordinary Electrical Machine—Apparatus for the accumulation and condensation of Static Electricity—Leyden Jar and Electric Battery.

Electricity generated by friction is called Static, to distinguish it from electricity generated by chemical action, (Galvanism,) which is called DYNAMIC ELECTRICITY.

Whilst the ideas conveyed by these terms, Static and Dynamic, are not accurate, and are in a great measure arbitrary, still we use them for purposes of nomenclature. It would be more exact to call electricity generated by friction, ELECTRICITY OF INTENSITY, for it possesses in a high degree the properties of attraction and repulsion, and is capable of exercising great mechanical power, as we have so often witnessed in the effects of lightning, and of the discharge of the Leyden jar, and even of the sparks which fly from the excited prime conductor of the electrical machine; and Galvanism, (electricity generated during chemical charges,) ELECTRICITY OF QUANTITY, for whilst it has little tension, and can accomplish but feeble mechanical effects, (you have seen that the terminals of the Galvanic battery must be placed in contact before the electrical excitement will manifest itself,) on the other hand, it is capable of developing intense heat, sufficient to melt the hardest metals, and also of producing rapid and energetic chemical changes, such as the decomposition of water and salts, and of all compound bodies, inorganic and organic.

The Electrical Machine consists of three principal parts:

- 1. A Non-conductor, upon the surface of which electricity is excited by friction; this is generally a glass plate or cylinder, so arranged that it may be continually rotated about a fixed horizontal axis.
 - 2. The Rubber, composed of a soft, elastic substance, as leather, of

low conducting power, and placed in close contact with the surface of the non-conducting glass plate or cylinder. During the revolution of the glass plate or cylinder, electricity is developed, by the friction of its surface upon the surface of the rubber. The surface of the non-conductor is always in an opposite state of electrical excitement to that of the rubber; if the non-conducting glass be positively excited, the rubber will be negatively excited, and vice versa, and the amount of positive electricity will be equal to the amount of negative electricity.

3. The Prime Conductor; one or more metallic cylinders, supported by insulated pillars of glass, or of well-baked, dry wood, situated behind the glass plate or cylinder, parallel to its axis prolonged, and at the same height as this axis.

The end of this prime conductor nearest the non-conducting glass surface upon which the electricity is excited by friction, is furnished with metal points, which approach as closely as possible to the plate, without, however, being in contact with it; these points serve to draw off from all parts of the glass surface which are successively presented to them, the electricity acquired by the friction against the rubber, and to transmit the electrical excitement to the insulated prime conductor.

Static Electricity, thus generated by friction, may be administered in three modes:

1. Sparks from the excited Prime Conductor of the Electrical Machine.

The patient, upon whom we wish the electrical excitement to act. is brought near to, but not touching, the prime conductor; the sparks pass from the prime conductor, through the intervening air, to the nearest part of the patient, and the electrical excitement passes immediately over the superficial parts of the body, into the ground. We may thus act upon a paralyzed arm, or tumor, or diseased structure of any kind, with sparks, simply by approaching it to the prime conductor of the electrical machine in action. Sparks produce sharp, pungent, unpleasant sensations, and slight fibrillary contractions of the superficial muscles of the parts where they are received. prolonged, this mode of electrization augments the cutaneous sensibility, and excites the capillary circulation of the skin, and produces slight rubefacient swelling, and some tenderness to the touch; it may therefore be employed, as a gentle excitant in torpid states of the skin, when we wish to produce a gentle excitement of the capillary circulation, and as a mild revulsive in sluggish chronic inflammations, external and internal, of no great severity.

2. Insulation—Electric Bath.—If the patient is placed upon a stool insulated with glass legs, and then connected with the prime conductor, he forms, in fact, a part of the prime conductor, and will manifest, during the revolution of the glass plate or cylinder, similar electrical excitement, and give off sparks in a similar manner. We may in this manner electrify the patient positively or negatively at will, according as he is connected with the prime conductor or with the rubber.

A portion of the electricity is spread over the surface of the body, whilst another portion escapes incessantly and silently into the surrounding air; this slow escape of the electricity is attended with slight sensation in the skin. The effects of this mode of electrization are those of a very gentle cutaneous stimulant, not intense enough, however, to render it valuable as a therapeutic means. A more efficient means of acting upon the skin and superficial muscles is to combine this mode with the sparks in the following manner: If the hand of a person, or a metallic body in communication with the floor or ground, be brought near to the insulated, electrically excited patient, sparks will fly off to the hand or metallic body, and excitement of the skin of the insulated, electrically excited patient will be produced at the points from which the sparks have been drawn. We may thus draw sparks from a single point, or from the whole surface of a paralyzed limb, or from a diseased structure of any kind. The sparks may be drawn by the hand of the operator, or by metallic conductors, or by brushes formed of numerous metallic threads. - Southern Medical and Surgical Journal.

(To be continued.)

Proceedings of the New York State Medical Society.

This State Medical Association held its fifty-fourth annual meeting at Albany on the 7th of last month. Over one hundred and fifty delegates were present, comprising many of the most distinguished physicians of the State.

The following officers, for the ensuing year, were elected:

President—Daniel T. Jones, of Onondaga County.

Vice-President-E. H. Parker, of Poughkeepsie.

Secretary-Sylvester D. Willard, of Albany.

Treasurer-J. V. P. Quackenbush, of Albany.

Publication Committee—Thos. Hun, S. D. Willard, and Howard Townsend.

Censors were appointed for each district, also Committees of Correspondence. Names were recommended for election as permanent members, and others nominated.

Nominations for Honorary Members—Pr. Braithwaite, London; Dr. Wm. Carpenter, do.; Oliver P. Hubbard, Hanover College; P. A. Jewett, New Haven; Prof. D. Crosby, New Hampshire.

For Election as Honorary Members—Alfred Stillé, Philadelphia; George Mendenhall, Ohio; J. Mason Warren, Boston; Warren Stone, New Orleans; Ernest Hart, London; B. H. Catlin, Connecticut.

Committee on Epidemics—First District, E. Hams; Second District, C. A. Lee; Third District, T. C. Brinsmade; Fourth District, A. F. Doolittle; Fifth District, Luther Luiteaw; Sixth District, A. Willard; Seventh District, E. Carr; Eighth District, H. M. Conger.

Delegates to the American Medical Association—S. Foster Jenkins, New York; Dr. Goran, Rockland; Dr. Wilbur, Syracuse; Thomas Hun, Albany; Caleb Green, Homer; Dr. Blatchford, Troy; Dr. Brinsmade, do.; A. Clark, New York; A. L. Sanders, Madison; H. Deering, Utica; Aaron Green, New York; C. A. Lee, Peekskill; Dr. Hall, Auburn; J. F. Trowbridge, Syracuse; F. H. Hamilton, Buffalo; D. P. Bissell, Utica; Seth Shove, Westchester; B. Fordyce Barker, New York; Ferris Jacobs, Delaware; Joseph Beattie, Geneva; Theodore L. Mason, Brooklyn; Wm. Rockwell, New York; B. P. Staats, Albany; W. W. Strew, Queens.

Honorary Degrees of Medicine—Francis J. D'Avignon, Clinton; Harrison Teller, Brooklyn; Peter Moulton, New Rochelle.

Many valuable reports and voluntary papers were presented to the Convention, and referred to the Publication Committee.

The subject of adulterated medicines came up before the Society, and resulted in the appointment of a committee, of which Dr. Squibb is chairman, to report upon some measure calculated to correct this growing evil. This is a movement in the right direction. But so long as there is a demand for cheap medicines, will they be furnished; when the demand ceases, then will the supply cease, in a measure. It is a general complaint among many physicians that they cannot afford to use medicines of a high cost, and which solely relates to its purity and cost of preparation. This is a great mistake. The remedies they use, of a second-rate quality, fail to produce the results they

wish—their reputation suffers; while if a pure article, of perhaps twice the cost, had been employed, it would have materially advanced their reputation for skill and extended their practice. Money invested in pure medicines is to them as capital to the tradesman, or good tools to the mechanic; scarcely one of them would be found to employ the latter to construct a residence, unless he possessed not only skill, but the necessary tools to perform his contract in the best manner.

If the charges made by the country physician are not adequate to afford him a living, and compel false economy in his investments, then advance the rate 50 or 100 per cent.; for there is no profession which demands so much study, investigation, science, and physical labor as this, that is as poorly paid, particularly in the country.

A great change has taken place in ten years in respect to adulterations; a steady hand will in time work out the evil. It is a matter regulated entirely by the cupidity of man when adulteration shall cease to be profitable; then, and not till then, will it cease. The consumer must demand reliable and pure medicines; must understand whether he gets them or not, which involves a knowledge of appropriate tests, &c.; and whenever found impure, if promptly returned to the vender, will cause care in future. The subject is one which can only be worked out by beginning with the consumer, and working backward—not, as has heretofore been done, by constantly hammering at the adulterator with threats of exposure; but if instead, when detected by the consumer, his goods are rejected and left on his hands, it ends in total loss, and of course defeats his plans.—Journal of Materia Medica.

A few Globules for Homosopathy.

Having gone through a small course of Homœopathy, and fairly digested its merits, we have come to the following inevitable conclusion: "What you tell us that is true is not new, and what you tell us that is new isn't true."

The latter part of our judgment, or "what you tell us that is new," has reference to the assertion of the Homœopaths, that they cure an average of a hundred and five per cent. of all their cases, and this, too, by the administration of infinitesimal doses.

With regard to the former portion, or "what you tell us that is true," we mildly take it upon ourselves to assert, that the doctrine of "similia similibus curantur" was known and practiced long before Hahnemann, or any other man of their school, saw the usual polychromatic light suspended over his medical door. Instances of this are as plentiful as cases in the Divorce Courts. From the beginning of the world, ever since Mr. Bacchus planted the vine, we have every reason to believe that men have occasionally taken "a little too much," and cured themselves next day, "by a hair of the dog that bit them"—a clear case of "similia similibus."

Again, "setting a thief to catch a thief," is "as old as the hills"—even those that "flesh is heir to."

There is yet another instance of this doctrine, well known in days of yore, in the following nursery lines:

"There was a man of Teddington, and he was wondrous wise—
He jumped into a quick-set hedge, and scratched out both his eyes;
And when he saw his eyes were out, with all his might and main,
He jumped into another hedge, and scratched them in again."

We leave Homosopaths in the midst of this quick-set hedge, to get out of it the best way they can. It is so clear a case of "like curing like," the blindest bigot in the efficacy of globules must see it. There is blindness produced by the Wise Man of Teddington jumping into a hedge, and scratching his eyes out; and then by going through another hedge, and the same process of scratching his eyes, he recovers them in less (to speak vulgarly) than two winkings.

Although we fancy we must before this have convinced all reasonable persons that "like having the power of curing like," is no new idea, still we cannot conclude without quoting one last, but no small, authority upon the point, which we imagine is dead against the atomic theory of infinitesimal doses. We do not recollect ever having heard it quoted by the Homœopaths themselves in support of their argument. We therefore beg, in all good feeling, to present it to them for their special benefit and behoof:

"A little money is a dangerous thing— Drink deeply, or touch not the Pierian spring; There shallow draughts intoxicate the brain, But drinking deeply sobers us again."

This last line leans a little to the "similia similibus" creed; but we make the Homceopaths a small present of it, giving them full liberty to extract what benefit they can from it, as a proof we do not wish to be hard upon them. Meanness is the test of a little mind, and we do not profess to deal in little things, as though we were no better than a Homceopath.—Punch.

EDITOR'S TABLE.

Answers to Queries of the Ohio Medical and Surgical Journal.

- Q.—What institutions have we that are out of the formative stage?
 - A .- The Universities of Pennsylvania, New York, Nashville, &c.
- 2. Q.—Who are our authors that have attempted anything more than compilation?
- A.—Drs. Rush, Davidge, Godman, Meigs, Drake, Hosack, Caldwell, Hare, Bell, Draper, Gross, Dunglison, Dalton, Tully, Stillé, Hamilton, &c., &c.
 - 3. Q.-What have we discovered in Materia Medica?
 - A .- Lupuline, Ergot, Etherization, Veratrum Viride, &c., &c.
 - 4. Q What in Chemistry?
- A .- Hydro-oxygen Blow-pipe, Daguerreotyping and Photography; and last, not least, the Magnetic Telegraph.
 - 5. Q.—What in Anatomy?
 - A .- Wallace's and Horner's Muscles, &c.
 - 6. Q.-What in Physiology?
- A Much every way; see Dunglison, Dalton, Draper, Dowler, Campbell, Isaacs, &c.
 - 7. Q.—What operations have been originated in Surgery?
- A.—Dr. V. Mott has performed operations never attempted before; and so, also, Drs. W. Post, Stevens, Buck, Mussey, McClellan, Physick, N. R. Smith, McDowell, Atlee, Mutter, Warren, Hayward, Sims, Pancoast, Carnochan, Parker, Peaslee, Crosby, Knight, W. Stone, &c.; all of whom have "originated" operations.
 - 8. Q.—What new disease described?
 - A .- There is "nothing new under the sun."
 - 9. Q.—What improvements in treatment?
- A.—Innumerable improvements have been made by American physicians in every department of the healing art, conceded to be such by all Europe, and adopted in the most enlightened transatlantic nations. We have no room for enumeration, and yet to affect ignorance in relation to many of these, is self-stultification. We need only name Dr. Stearns, in Protracted Parturition; Dr. Carnochan, in Elephantiasis; Dr. H. Green, in Throat Diseases; Dr. Sims, in Fistula of the Vesico-Vaginal and Rectal Walls, &c., &c., &c.
 - 10. Q.—What contributions from American chemists?

- A.—This is already answered in part; but Drs. De Butts, Hare, Henry, Silliman, Jackson, Draper, Torrey, and Doremus have all made contributions to this department of great value, which "not to know is to be yourself unknown."
 - 11. Q.—What from American microscopists?
- A.—The science is yet in its infancy, but nowhere has it more ardent cultivators than in America, or more successful manipulators; while in the manufacture of instruments we excel the world.
- 12. Q.—Are our surgical or obstetrical instruments superior to those of the Saracens?
- A.—Yes, infinitely; and many of them are adopted or imitated at this day in Great Britain, France, and Germany.
- 13. Q.—Do we treat phlegmasia or fever more successfully or philosophically than did Hippocrates?
- A.—Yes, either and both, more scientifically, and more successfully. A thousand times yes; and nobody knows it better than the querist.
 - 14. Q.—Do we know anything more of cancer than did Rhazes?
- A.—Yes, we excel him in its diagnosis—in our knowledge of its history—in our observation of its varieties—in our experience of the worth-lessness of his treatment—and in the certainty of our prognosis, founded upon pathognomonic data. Hence "our surgeons" have "improved" on the rules of this "eminent" Arabian, as regards "interference."

Having thus briefly replied to all the questions of our interrogator, we now recall his attention to the "hyperbolical caricature" in his former article, in which he goes much further than in his questions.

Let us see what he there affirms:

- 1. No authors on any department of science!
- 2. Compilation is all that we have shown ourselves capable of!
- 3. No maxim or saying, worth recollecting, or that has lived over six months, invented by American physicians!
 - 4. All our ideas, and even words, are borrowed!
- 5. When we wish to say anything forcibly or elegantly, we must quote Solomon, Shakspeare, or the Classics!

All these allegations we have pronounced untrue, and we now call upon the editor of the Ohio Medical and Surgical Journal to retract, or else furnish his proofs, that American physicians are "as sappy as we can well be." This is a sample of his own "forcible and elegant sayings." The slight fault of which we complain is, that none of his sayings happen to be true. "If an enemy had done this," caricature or even falsehood might be tolerated; but the editor is our own familiar

friend, and signs himself "Professor in Starling Medical College." Hence we withstand him to the face, because he is to be blamed, and we charge him with a violation of the ninth commandment of the Decalogue. The profession is our mother, and when she is stabbed to the heart, the feeblest child may cry out for the arrest of the parricide.

THE MEDICAL COLLEGES IN NEW YORK

Have closed their winter's labors, and their "Commencements" have been held in the following order, viz.:

- 1. The New York Medical College, on the 1st of March, graduated a class of 20, two of whom, Messrs. Hutchins, of ——, and Whitney, of New York, received prize medals for superiority. The valedictory was pronounced by S. A. Tilden, Esq., and an address to the graduates by Professor Bryan terminated the exercises, which were interesting throughout, to the large audience which througed the College Hall.
- 2. The University of New York held its Commencement on the 6th of March, when the degree of M.D. was conferred on 138 graduates, by the Chancellor. The valedictory was delivered by Prof. Mott, and the annual prizes offered by Professors Mott, Van Buren, and Metcalfe were awarded to the successful competitors, all the ceremonies proving highly satisfactory to the crowd which thronged the spacious chapel.
- 3. The College of Physicians and Surgeons followed on the 7th of March, when 58 graduates received their diplomas from the venerable President, Dr. Delafield, who appropriately addressed the class. The valedictory was pronounced by a member of the class, and Dr. Markoe delivered the address to the Alumni. The Harsen prizes were awarded, and Dr. Alexander H. Stevens offered a new prize of 100 dollars for the best essay on the Physiology and Pathology of the Larynz. The church of Rev. Dr. Parker, where this Commencement was held, was full, and the occasion one of much interest.

The Wood and Elliott prizes were adjudged on the 1st of March, at the Bellevue Hospital, and the usual ceremonics took place, in view of the close of the clinical course. Addresses were made by Drs. Francis, Mott, Wood, Elliott, Sayre, and others. The successful preparations are said to evince great skill on the part of the competitors, and will be added to the museum of the hospital.

Dr. Aylett's private students celebrated the close of their session with the usual exercises at the University, Dr. Post being in the chair.

Addresses were made, and a valuable testimonial was presented to their teacher by his pupils.

The Preparatory School of Medicine opened their new building on 13th Street, by a reunion of its friends, and a pleasant soiree, which passed off agreeably. This newly chartered school deserves success.

DIPHTHERIA.

Dr. Alonzo Clark, of the College of Physicians and Surgeons, has published a lecture on this subject characterized by his usual modesty and good sense. The following are the conclusions to which he arrives, viz.:

1st. That inasmuch as diphtheria is a manifestly constitutional disease, so must our main reliance be placed on constitutional treatment.

- 2d. As the disease is of an Asthenic type, the remedies employed must be such as will give tone to the system. The best of these are the fluid preparations of iron, quinine, etc., together with an invigorating diet, and the occasional use of stimulants.
- 3d. The administration of mercury, with a view of obtaining its constitutional effects, is a doubtful expedient, but the application of dry calomel to the ulcerations of the throat is of decided benefit.
- 4th. The application of the nitrate of silver to the membrane itself is of no special service, whereas if applied to the parts immediately around the membrane, it tends to prevent its further extension.
- 5th. The administration of chloride of potash, both in the form of a gargle, and as an internal remedy, though not, as was claimed, a specific in this disease, is still of some benefit, and should, therefore, form a part of our treatment.

SANITARY SCIENCE.

E. Y. Robbins, Esq. of Boston, has commenced a course of popular lectures on this subject, for which he is well qualified. He deserves to be better appreciated, but the New Yorkers are too busy in paying their devotions to the almighty dollar to attend to such insignificant topics as life and death, health and sickness, &c.; nor would they be persuaded to forsake the opera, theatre, concert, or ball-room, the Ethiopian minstrels, the drinking and smoking saloons, for the purpose of learning the means to prevent pestilence, or lessen mortality, "even though one rose from the dead." Alas! that Wendel Phillips

& Co., lecturing on the everlasting negro, and teaching treason, should draw crowds of listening dupes, while the lessons of wisdom and philanthropy from eloquent lips should be repeated to comparatively empty benches. He who would attract the multitude should play the fool, the harlequin, the knave, or make a show of gew-gaws, with the magic lantern, or a pyrotechnic display—for nonsense and humbug are in the ascendant.

PRIZE OFFERED.

To the Medical Students of the United States of America.—I will give a premium of \$250 for the essay which shall be judged the best, by competent judges, on the Anatomy and Physiology of the Animal and Organic Nervous Systems.

The essays to be sent to me on or before the first of March, 1861.

I will likewise give a second premium of \$250 for the best essay on the same subject. The essays to be handed in on or before the first of March, 1862.

The medical students who shall be declared the successful competitors will be required to declare on their word and honor that the essays are their own production, and that they have not been assisted by any legally qualified medical man.

JOHN O'REILLY, M.D.

230 4th Street, Washington Square, S., March 8th, 1860.

NEW YORK MEDICAL COLLEGE.

Dr. Horace Green, the founder and President of this school, has published his resignation, assigning as his reasons, other duties and ill health. Rumors are rife of the retirement of several other Professors, so that its continued existence would seem to be doubtful. The numerous changes which have occurred in its faculty have been adverse to its prosperity.

DEATHS IN OUR RANKS.

Dr. Samuel Boyd, Resident Physician of the Brooklyn Board of Health, and Dr. Elisha R. Belcher, of New York, are among the number recently deceased. They were both estimable men, and worthy practitioners, highly esteemed by the profession.

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STATISTICS OF MEDICAL COLLEGES-1859-60.

We commence our annual table of the number of matriculants and graduates at each of the medical schools of the country, which will be corrected, and the blanks filled up, as information reaches us, for which purpose the page will be kept standing.

	Students.	Graduates.
Jefferson Medical College	630	170
University of Pennsylvania	515	173
University of Nashville	456	101
University of New York	411	138
College of Physicians and Surgeons, N. Y	200	55
New York Medical College	75	20
Buffalo Medical College	70	
Medical Department of Yale College		13
Ohio Medical College	123	
Atlanta Medical College	166	50
University of Louisville, Ky	130	
Oglethorpe Medical College, Savanuah, Geo	60	
Lind University, (Chicago,)	30	9
Massachusetts Medical College	195	32
Kentucky School of Medicine		38
Rush Medical College, Chicago	101	36
Shelby Medical College	75	9

JOURNALISM.

Several new medical journals are announced, one being issued in Kansas City, another in St. Joseph, Mo., and a third in Louisville, Ky. Neither of these have yet reached our table, so that we must content ourselves with the bare announcement, which we glean from our exchanges.

Changes have been made in several of the journals, viz.: The Cincinnati Medical News, edited by Prof. A. H. Baker, has become a monthly; The American Medical Monthly has amalgamated with the Buffalo Medical Journal and N.Y. Review, to be conducted jointly by the two editors, Drs. Douglas and Flint, Jr., with the assistance of Drs. E. H. Parker and L. H. Steiner; The Louisville Semi-Monthly has become a monthly; and Dr. Ingalls is associate editor of the Chicago Medical Journal.

The corps of medical editors is becoming numerous, and if all the old and new members will honestly credit each other for what they abstract from each other's columns, we shall have an example of much needed reform. Our contemporaries are welcome to appropriate such of our articles as they deem worthy of this honor, provided they truly report the source whence they derive their material. To do otherwise seems to be regarded by some of the fraternity as a "fair business transaction;" at least it is a way they have, to the morale of which we demur as one of the sufferers, having borne much in this regard.

ADULTERATED LIQUORS.

Several of our contemporaries have been doing good service to the public by commenting on the vile compounds everywhere on sale, nicknamed brandy, wine, gin, and whiskey, though very generally compounded of noxious, and even poisonous, drugs. Chemical analysis has detected strychnia in much of the whiskey in the market, while Cayenne pepper, cannabis indica, fusil oil, &c., are discoverable by the ordinary tests, and this when sold as genuine liquor. So general has this infamous trade of adulterating and drugging liquors become of late, that it has been impossible to rely upon obtaining pure and unsophisticated articles, either of vinous or spirituous liquors, even when wanted, as they frequently are, for the use of the sick, and thus often fatally counteracting the good effects of the most judicious medical treatment.

For this latter purpose, "Wharton's celebrated Chestnut Grove Whiskey" is commended to us for its absolute purity by so high scientific authority, that we have given place to its announcement by Mr. Surbrug, of this city, who is the sole agent here for Charles Wharton, Esq., of Philadelphia, the proprietor, and who thus offers the article for trial by medical men and chemists, vouching that nothing but the genuine pure article will be furnished, prepared exclusively by himself. Such whiskey is, in many cases of disease, a nutritious and wholesome stimulant, and from the testimonials furnished of it by such eminent chemists as Dr. Chilton, Jackson, Booth, and Hayes, also from the fact of its having been awarded a diploma by the State Agricultural Society of Pennsylvania, it must soon supplant the use of the drugged and adulterated liquors which abound in our market.

Mobile Medical College.—We have learned that the Legislature of Alabama has voted \$50,000 to assist the above institution.

N. Y. Academy of Medicine.

Dr. John O'Reilly's paper on Nervous Pathology, which appears in this number, was read at the last meeting, and received a unanimous vote of thanks to the author.

Another, and very different paper, as we learn, occupied the attention of the meeting, being a critique, by Dr. Percy, upon Dr. Gardiner's article in the Knickerbocker Magazine! with the merits or demerits of which, the Academy had no more business than with the "Moonstory of Richard Adams Locke;" but being entertained by the chair, and tolerated by the members, it gave opportunity for personalities and vituperation, unworthy of the body, and humiliating to its char-It is no marvel that an effort was made to preacter and usefulness. vent so frequent meetings of the Academy, a measure which would have succeeded had there been a fuller attendance. Dr. Gardiner seems not to have been annihilated, however, for, nothing daunted, he introduced the analysis of a new chalybeate spring at Flushing, L. I., which abounds with ferruginous and other salts, promising great utility for medicinal purposes.

Medical Politics.

The College of Physicians and Surgeons of this city are seeking an amendment to their Charter, releasing them from the government of the Regents of the University of the State, and transferring the control of the College to their own Board of Trustees. The bill for this purpose having passed the Senate, will very probably become a law.

The University of the City of New York is also before the Legislature for some change, the precise nature of which has not transpired, although it relates to the Law School.

The hint in our last number as to the medical legislation sought for by certain parties, under cover of another sanitary bill, has already ripened into maturity, and a project is now pending for reorganizing our Board of Health, so as to abolish the office of Resident Physician, to which Dr. Sayre has been so recently appointed, and also that of Health Commissioner, held by Dr. Miller, and for which Dr. Bradford is in nomination. Provision is made in the new Board for medical offices, and the lobby, on behalf of the Sanitary Association, are on hand, ambitious to serve the State, by kindly helping the Governor to the list of nominations. It is already known at Albany who are to have the offices, some of which will pay well both in fees and perquisites, though possibly they are counting their chickens before they

are quite hatched. A new charter is also on the tapis, which upsets the sanitary scheme, and perpetuates the present medical officers, and retains the City Inspector as the chief executive of the Health Department.

Our friends at Albany are said to see through the devices of the men who are annually dancing attendance in the lobby of our legislative halls, until they are voted a bore; and notwithstanding their disinterested protestations of zeal for the "health of the dear people," their supreme selfishness is betrayed by their anxiety to make and parcel out the offices among themselves. It was thus that any reform was defeated last year, and the prospect at present seems no better. Mayor Tiemann then, and Mayor Wood now, are alike antagonistic to this medical lobby.

A Brooklyn Medical and Surgical Institute is before the Legislature for a Charter, empowering the Trustees to found another medical school, and confer the degree of M.D. Dr. Louis Bauer appears to be the Magnus Apollo of the concern.

An Albany correspondent alludes to the Atlantic Savings Bank as a medical concern, and asks questions we cannot answer. If, as he says, a majority of the corporators are physicians, it only proves that medical men are around, and that they are learning the value of "savings," and that in these days "money is the principal thing!" We see no reason why doctors should not be bankers, and husband the "savings" of each other, or of anybody else who will trust them.

A Remarkable Case.

During the last summer a lady of this city, in adjusting her window curtains, fell from the step-ladder, perhaps twelve feet high, and alighted on her spine. The concussion at the time was severe, and though reaction soon took place, and she seemed to have recovered, yet in a few days afterwards the internal injury which was inflicted became apparent. At first the pain in the lower part of the spinal column became severe and persistent, and though called neuralgis, and treated as such, doubtless arose from congestion, inflammation, and effusion within the theca vertebralis; for the disability and morbid condition of the lower extremities could only thus be accounted for. After months of suffering, only relieved by antispasmodics and anodynes, which were perpetually demanded, the pressure extended upward along the spinal column, pari passu with the effused serum, until

the partial paralysis reached the upper extremities, which was so much relieved by cupping, leeching, blistering, and other counter-irritation along the spine, that hope was indulged of permanent benefit. But a few weeks since the evidence that the effusion had reached the medulla spinalis and the base of the brain, became obvious by characteristic signs, and suddenly an attack of serous apoplexy cut off all hope, and life rapidly terminated. Thus perished Mrs. H., a lady of family and fortune, by an injury of the spine, thought trivial at first, but inevitably fatal.

Opening of the Long Island College Hospital.

Our Brooklyn brethren have just inaugurated a new Medical School, which opened its first session for 1860 on the 29th of March, with an able introductory lecture by the Professor of Surgery, Frank H. Hamilton, M.D., late of the University of Buffalo, preceded by an appropriate address, happily delivered by Theodore L. Mason, M.D., President of the Council. An intelligent and crowded audience honored the occasion with their presence, including many of the professional dignitaries of New York.

The buildings include the Hospital and College, under the same continuous roof, which is truly a desideratum, both for teachers and students. The entire premises have been improved and fitted up for the convenience of the class, without regard to expense. The lecture-rooms, and other apartments for college purposes, are everything that could be desired in number, size, and fixtures, skillfully adapted to each department, and the chemical laboratory is perfectly unique, with galleries devoted to toxicological analysis for each student, and the apparatus for experimental purposes admirably arranged; while the preparations for anatomical teaching and study cannot be surpassed. An extensive museum and cabinet for demonstrative uses is collected, and will soon be in place, illustrating anatomy, surgery, and pathology. The clinical teaching in the hospital and dispensary of the college will be ample, when superadded to the clinical opportunities of the public charities in Brooklyn and New York.

For the names of the Faculty we refer to the announcement on another page. And with such eminent teachers, and such enterprise and liberality on the part of the Council, we see no reason why this L. I. College Hospital should not at once take rank with the most favored schools of the country.

Some of the "winter schools" may here, as elsewhere, clamor against "summer schools," from an apprehension that their monopolies may be jeoparded; but the character of all concerned in this new college affords a sure guarantee to the profession that the standard of qualification for degrees will never be lowered in their hands; and this is, at present, the paramount consideration. We are happy to learn that the prospects of a class at this first session are such as to fully equal any expectations which have been indulged by the Faculty. As the GAZETTE goes to press immediately, we are unable to speak more particularly in this number.

DR. HIRAM COX, OF CINCINNATI,

Has undertaken a peripatetic tour through the country, and having visited New York, announced a lecture at the Cooper Institute, in illustration of the adulteration of the spirituous, vinous, and malt liquors in the market. As this is an important subject, vital to the public interest, those who attended and paid their quarter for admission, were surprised that so few had been attracted, and the lecturer himself, in view of the very limited receipts, seemed loth to attempt to All who were present, however, must have had enough lecture at all. to satisfy them that they had been sold. Dr. Cox has no one qualification for a public teacher, and moreover betrayed his ignorance of the subject at every step. He is not a chemist by education or prac-His tin box containing his traps, tubes, glasses, chemical tests, litmus-paper, and other instruments, only qualified him for a charlatan and mountebank; while his pretended analysis was simply a humbug. Most of the liquors on sale are doubtless adulterated, and with drugs of noxious character. But it requires a chemist of more knowledge than Dr. Cox to demonstrate it, and such blundering as his, injures the cause of temperance, and helps the cause of the liquor-sellers.

The remarks of W. E. Dodge, Esq., at the opening of the meeting, were timely and judicious. All kinds of liquors are adulterated. The largest ingredient is Croton water. But the mineral acids, aromatics, cannabis indica, pepper, fusil oil, alum, logwood, juniper, and even strychnia, are among the drugs which are added to various liquors; but the proportion of either has to be very small, else they would neither be salable nor drinkable. That copper and iron enough to coat a spatula in a few hours, as Dr. Cox announces, should be added to any species of liquor, is a scandalous exaggeration, for no motive exists for such adulteration, and it would render it unfit for sale or use. So

also the denial that Lager Beer contains either malt or hops, is a proof that Dr. Cox is ignorant of the subject on which he proposes to enlighten others. Truth only is needed, or will be endured by the public, and the truth is bad enough. The fact is, that the alcohol itself contained in all liquors, is worse than any of the drugs or poisons it contains, in view of the enormous quantities sold and drank by the intemperate. It is this excess in the use of alcohol which is destroying health and life, and its adulterations are comparatively insignificant.

Annual Dinner of the Medical Society of Kings County, L. I.

We intended a full report of the sayings and doings of our Brooklyn brethren on this interesting occasion, but it has been crowded out of this number. Some of the speeches were admirable, especially those by the clergy, and must be forthcoming in our May issue.

PROFESSOR JAMES BRYAN,

Having completed his course of Anatomy in the New York Medical College, has returned to Philadelphia. His valedictory to the class is highly commended by many of the Journals. His new work on Hernia is now in progress. It is published in quarto, each number containing very superior plates for illustrating the text, which will enhance its usefulness. We commend it as worthy of patronage.

MISCELLANEOUS ITEMS.

Dr. P. C. Spencer, of Petersburg, Va., whose death is recently announced, is said to have had unparalleled success as a surgeon, especially in lithotomy, having performed the lateral operation 29 times, losing only two of his patients, 27 having recovered. He never employed the catheter after the operation, but contented himself with tying the knees together, and waiting patiently for the escape of the urine per vias naturales. His incisions were made with Dupuytren's lithotome caché. The Virginia and Maryland Medical Journal has an admirable notice of this eminent brother.

In a late number of the Maryland and Virginia Medicul Journal, we find an admirable lecture on Diuretic remedies, by Charles Frick, M.D., Professor of Materia Medica and Therapeutics in the University of Maryland, which we design to copy at length in a future num-

ber. Its teachings are eminently practical, and many of them original, and, as we think, important and useful.

American Medical Association—Prize Essays.—All competitors for the prizes of the American Medical Association must send in their essays on or before April 1, to some one of the Prize Committee, which consists of Dr. Worthington Hooker, New Haven, Conn., Chairman; Drs. G. C. Shattuck, Boston, Mass.; Usher Parsons, Providence, R. I.; P. A. Jewett, New Haven, Conn.; and Jonathan Knight, New Haven, Conn.

Louisville Medical Journal.—We welcome to our table a new candidate for professional favor, with the above title. It is an 8vo, of 64 pages, neatly printed, and ably edited by Dr. T. W. Colescott, who, after a rest of eleven years, again assumes editorial responsibilities. He will find himself amongst a set of strangers, but, we believe, all friends, bent on the same objects—benefiting mankind and the profession they love. The first number for February, 1860, contains several highly interesting articles.

The Louisville Semi-Monthly Medical News has become a Monthly, and continues under the same able management.

Dr. Brainard reclaims the "Treatment of Indolent Ulcers by the vapor of Iodine," which it seems originated in the U. S. Marine Hospital, at Chicago, although credited to the N. A. Med.-Chir. Review.

Dr. Renwick, of Scotland, died recently while under chloroform, inhaled for an operation on his toe-nail. Death ascribed to heart disease.

Medical Students in London.—The number of medical students in London during the present season is 1,063, being an excess of 42 over last year.

A Surgeon's Fee.—The Examiner relates the following little incident, communicated by a Monmouthshire correspondent:—A surgeon of provincial eminence was called to a poor woman in most urgent peril. Instantly, earnestly, and skillfully he stemmed the danger, rallied the terrified attendants, and rescued the poor creature from the very jaws of death. She was saved, and conscious of her narrow escape, as well as of the genuine humanity and kindness that had animated the surgeon's efforts, but with strength insufficient and feelings too deep for speech, she feebly raised her almost bloodless hands, and gently drawing his head down to her own—kissed him.—London Lancet.

To Correspondents.—Back numbers of the GAZETTE are becoming scarce, and we can supply but few of those who write for them. All are sent which we have on hand, or can procure at present. A list is kept of those called for, and when obtained they will be forwarded. If our non-paying subscribers would only return us the numbers they have received and read, we would forgive their indebtedness, and could then supply any demand for missing numbers.

BOOK NOTICES.

A MEDICO-LEGAL TREATISE ON MALPRACTICE AND MEDICAL EVIDENCE, comprising the Elements of Medical Jurisprudence. By John J. Elwell, M.D., Member of the Cleveland Bar. New York: John S. Voorhies. 1860.

This is a new, timely, and independent work, written by a gentleman combining in himself the professions of both law and medicine, having had practical experience in both. The learning and ability of the author have enabled him to produce a book which we should suppose would henceforth be indispensable to every law library, and should be found in every medical library, and is hence appropriately dedicated to the young men of the United States engaged in the study and practice of medicine or law. It bears the motto of the distinguished Philadelphia counselor, David Paul Brown, Esq., viz.: "A doctor who knows nothing of law, and a lawyer who knows nothing of medicine, are deficient in essential requisites of their respective professions."

We have looked over this book with much interest, and cordially commend it to our profession, as worth all the works extant on medical jurisprudence; and on the subject of malpractice, for which prosecutions have been instituted against distinguished surgeons in various parts of the country, we have seen nothing worthy to be compared with it; for, in the most of analogous works, this important topic has been ignored. Dr. Elwell has very properly availed himself of the masterly papers of Professor Hamilton, of Buffalo, in the Transactions of the American Medical Association, and has discussed the whole subject from a legal stand-point.

All the important questions appertaining to medical jurisprudence are here treated at sufficient length, and without the speculations or irrelevant topics which disfigure the works on this subject. And now that the great work of the Drs. Beck has been spoiled in remodeling, by the monographs of half a score of officious intermeddlers, who have perverted what the authors wrote, and substituted their own commentaries on special departments, of which several of them betray an ignorance and presumption disreputable to the profession, and positively deteriorating to the work, we look upon the Treatise of Dr. Elwell as the best in our language on the subject, and doubt not it will become the standard authority, not only in our courts of law, but in our medical schools and colleges. It is magnificently printed and bound in a style of excellence seldom surpassed, while its own intrinsic merits cannot fail to make it popular everywhere.

THE SAN FRANCISCO MEDICAL PRESS .- Under this title, a new quarterly journal has reached us, edited by Professor E. S. Cooper, of the University of the Pacific. The price is only \$2.00 per annum, and it deserves a wide circulation. The first number shows that there will be no dearth of original communications, as it contains ten of these. The selections prove that our journals from the Atlantic coast are not scarce in California. The editorials are numerous and spicy, although the pugnacious propensities of the new editor have been provoked by rivalries and hostilities of a local character to a fuller ventilation than suits our taste. When he has been longer in the harness, he will become more tolerant and forbearing, and will testify with Cotton Mather, that "slander and detraction are sparks, which, if let alone, will go out of themselves;" and he will let his "enemies" slide. If he expects to retain the position he holds without a conflict with unscrupulous rivals, he looks for better luck than his neighbors, for this is a tax which even laudable ambition must pay. In a few years more he will be skinned so often, that like the eel, he will become used to it, and be less sensitive to assaults on himself when his editorial assaults on others will become moderated. "Always use soft words, they cost nothing," is the best motto for a journalist, if he can practice it.

THE SECOND NUMBER OF THE "EPITOME OF BRAITHWAITE'S RETROSPECT" has been issued, by Dr. Wells, so that the series of five volumes will soon be complete.

THE NEW YORK MENTOR abounds with articles on medical subjects. They appear to be written by somebody who knows a little of everything, and nothing profoundly. All manner of topics are handled with the flippancy of a novice, while not a ghost of an idea which can claim originality has yet become visible. Still, like every other attempt to make "everybody his own doctor," the gullible Gothamites will swallow the articles—which will not harm them, provided they do not swallow any of the physick, which is prescribed anonymously in the newspapers.

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AMERICAN

MEDICAL GAZETTE.

Vol. II.

MAY, 1860.

Mo. 5.

ORIGINAL DEPARTMENT.

SURGERY.

To the Editor of the American Medical Gazette:

DEAR SIR—As a mere looker-on in your Gotham, I was present at an operation, performed a few days ago, in the Alms-House Hospital, at Bellevue, by one of the Attending Surgeons, whom I need not name, for I speak impersonally. Some fifty or sixty physicians, surgeons, and students were present, including a number of the prominent surgeons of your city and its neighborhood, some of whom rendered assistance, which, it will be seen, was sadly needed.

The patient, an old man about 60, being introduced, was found to be suffering from Cystic Calculus, for the removal of which, lithotomy had been decided on. After a brief comment on the disease, and various operations for its relief, it was announced, to the astonishment of all the surgeons present, that for some unexplained reason lithotripsy and the lateral operation were both rejected, and the high operation, known as the hypogastric or supra-pubic, had been preferred, and was to be "shown to the students!" the dangers of which to the life of the patient were alluded to; which dangers, it was not told, might have been averted by either of the other operations.

The bladder being injected, could not be perceived above the pubis, which confirmed the diagnosis of a small stone, and a contracted bladder deep in the pelvis was indicated. Instead of changing the operation, however, the supra-pubic incision was made, but the contracted

bladder could not be found, and rendered a larger upward incision requisite, which, with the necessary manipulations, opened the peritoneum by incision or laceration, when the intestines fell into the wound, and required the utmost diligence of the assistants to hold up, so that the operation could proceed. The difficulties were so great as to protract the completion of the operation nearly an hour, during all which time the patient was kept under the influence of chloroform, which under the circumstances was imperative. Ultimately, the bladder was found—opened—a small stone extracted, and the sutures applied, with appropriate dressings. As might have been foreseen, peritonitis followed, and the operation proved fatal, as was anticipated, during the next day.

As valuable practical lessons are suggested in this case, I submit the facts without comment, for publication in the Gazette, and crave your own opinion.

A Surgeon.

[Upon this case we have only to say, that if there had been a Resident Physician to that Hospital, as formerly, the poor patient would have been protected from the high operation, which was not called for, nor adapted to the case as here detailed. Indeed, by surgical rules, this operation ought not to have been attempted. We take this to have been the error of the surgeon, and his advisers who prompted or acquiesced in its performance.—Ed. Gazette.]

Excerpta from the Surgical Practice of Washington Infirmary.

(Clinical Department of the National Medical College, Washington, D. C.)

By JOHN G. S. HOLSTON, M.D.,

Professor of Theory and Practice of Surgery, during the 18 months ending at date.

1. Chloroform in the Reduction of Dislocations — Recent luxations are rare in this institution, being at once reduced by some practitioner in the city. During this period we had, however, three cases sent from neighboring States, in each of which many severe and unsuccessful attempts at reduction had been made by machinery and otherwise, but which yielded to simple manipulation when put fully under chloroform in this institution. The first 2 will be noted as rare cases.

Case 1.—A blacksmith.—Luxation of the Femur into the Thyroid Foramen.—The patient, an extremely muscular blacksmith, had been thrown from a horse, and upon being picked up the thigh was found flexed and immovably fixed upon the pelvis; the leg bent on the thigh.

Every effort to reduce it having proved unavailing, he was brought to this institution. With much difficulty he was chloroformed, but when stertorous breathing was produced the luxation was, by manipulation, first reduced to one on the back of the ileum, and by a second effort the head of the femur brought into the socket. No great reaction followed, and in a few weeks he was well.

CABE 2.—Dislocation of the Femur upon the Pubis—100 days Standing.—A boatman, while standing with the foot against a raised part of the deck, in the act of steering his vessel, received a blow from the tiller; found the foot turned out somewhat and thrown in advance of the other, the knee somewhat bent, and the toes only touching the ground. Many efforts at reduction had been made, and then the patient, on the supposition of a fracture of the neck of the femur, placed in splints and on his back for near three months. This formidable luxation was, under anæsthesia, reduced in less than a minute, by mere manipulation, in presence of the class. Eight weeks elapsed before he recovered the entire use of the limb.

Case 3.—Luxation of the Humerus into Axilla—3 weeks' standing.—After severe extension, it was stated that the arm was reduced contrary to the patient's own assertion. However, it remained immovable, excessively painful, and the arm became swollen to an enormous degree. Warm external applications, croton oil among others, were applied, of course unsuccessfully, and he was sent to this institution. Diagnosis: luxation downward, the head of the bone resting upon and stretching the axillary vessels and nerves. Under chloroform the reduction was quickly and easily effected by the heal in the axilla. The swelling, which had been extreme, with gangrenous patches in different parts, was gradually reduced by leeches, liniment, saponis comp., and the roller, but the fore-arm and hand at this time, after three weeks, are still motionless and with imperfect feeling. Present treatment—unguent, veratrine and electricity. The shoulder, however, has its proper rotundity and natural feeling. Case yet under treatment.

Chloroform in Erysipelas.—Of all the various external applications for this troublesome affection, we have found none more reliable or efficacious than pure chloroform washed over the affected parts for a few minutes, by a large camel-hair brush; the parts are afterwards covered with cotton wadding. From a patch the size of a dollar on the face to an extensive affection, involving the entire lower extremity or half of the trunk, and invading large cicatrices left by the removal of the skin in an enormous plastic operation, all yielded, and that im-

mediately, to this potent specific. The swelling and redness disappear even during the application, as if washed off, and though, in some instances, partially reappearing, have in every instance (of course internal treatment not neglected) yielded entirely to two or three washings, repeated at intervals of three to four hours. This remedy was suggested to the writer in a conversation with Dr. Geo. H. Sachse, of Columbus, Ohio, and will no doubt be found very valuable to the profession.

March 17, 1860.

(To be continued.)

Annual Report of the Commissioners of Emigration, for the State of New York, for 1859.

From this Report we insert brief extracts, being so much as refers to the *Medical Department*, *Hospitals*, &c., italicizing items of special interest.

The Hospital Department is administered on the system adopted in July, 1855, as reported in 1857. The Medical Department proper is under the charge of a salaried physician, wholly resident on the Island, with as many salaried assistants as the hospital service may require from time to time. George Ford, M.D., who has had the advantage of several years' practical experience on a large scale, in various medical positions in the Hospitals of this Commission, during periods when the wards were filled with the greatest number of patients and varieties of disease, was, in July, 1858, appointed Physician-in-Chief at Ward's Island, and has since discharged the duties of that station with fidelity and success, to the satisfaction of this Board. He resides on the Island, and devotes himself exclusively to the service of the Institution. The lessened number of patients has not required the services of more than one resident medical assistant. This place has been filled during the year by F. Simrock, M.D., who is a German by birth, and both he and Dr. Guleke (one of the Assistant Surgeons) speak several European languages. The Commissioners have always been sensible of the importance of having in their employment persons capable of conversing with the patients and other inmates in their own languages; so that, except in special cases, (as the Chinese,) the inmates can always find an interpreter to explain their wants.

The Surgical Department is continued under the charge of J. Murray Carnochan, M.D., as Surgeon-in-Chief, who visits the surgical wards at times fixed by the by-laws, and as often in addition as the sur-

gical service may demand. He performs all important operations. He was assisted by two salaried and constantly resident surgeons, Drs. J. Carey Selden and Herman A. Guleke.

The Children's Wards were free from endemic ophthalmia, which proved a source of constant anxiety in the earlier years of this estab-The surgical wards have continued to be entirely free from those endemic maladies, such as erusipelas, hospital gangrene, &c., which frequently prevail and infect the wards of large hospitals. The unvarying experience of every successive year since the present hospitals were erected, has proved the incalculable advantages arising from the complete insulation of the several buildings, in securing ventilation and cleanliness, in the facility of changing wards, and cleaning and purifying infected ones, and in every way controlling and limiting the spread of infections diseases. It is also due to the late and present Superintendent to add, that the chief surgeon and chief physician bear the strongest attestation to their "care in promoting the general hygiene of the hospital;" and that nothing was neglected which could secure to the patients all the advantages and comforts of the best hospitals, with perfect order, cleanliness, pure air, and proper diet.

The following summary gives the aggregate results of the practice, both medical and surgical, during 1859. The details, as to the nature of diseases and other matters, will be found, as usual, in the medical and surgical reports appended to this report.

There were cared for in the Hospital during 1859, (including	605 in
Hospital on 1st January, 1859,) together with 261 births	3,668
Of whom there died	178
Discharged, cured or relieved	3,207
Remaining on 31st December, 1859	461

In the Refuge Department, which has been appropriately termed for medical purposes the Dispensary Department of the Institution, there were 3,326 cases treated. There were 84 deaths of infants in the Refuge, and 47 in the hospitals proper, whose deaths are to be attributed to the deaths or sickness of the mothers, or their inability to afford the natural nourishment. This result, however melancholy, is one which appears in a yet greater ratio in the statistics of institutions here and in Europe, where any number of such infants is received.

The per centage of mortality in the Hospital proper was, for 1859, 4.85 per cent.; on all cases treated, and calculated on the discharges, a mode of estimation sometimes preferred, 5.55.

On all cases under treatment in Hospital and Refuge, the per centage of mortality was 3.74.

The average number of patients in the Hospital throughout the year, both medical and surgical, was 446.

The diminution of inmates in the Surgical Department, though considerable, is less in proportion than in the other departments of the Ward's Island establishment; and it has received, as usual, many cases requiring serious operations, arising from accidental or other injuries incident to the business and labors of a great city. It has also received a number of severe chronic cases. Many of the most serious operations of surgery have been performed successfully, and in some instances, at least, there is reason to trust that the science itself has been improved in its means of relieving human suffering. The number of surgical cases treated was 1,029, of which 875 were discharged cured, and 11 died, showing a proportion of deaths a small fraction more than one per cent. on all cases treated—a proportion the more remarkable and gratifying from the consideration of the broken-down constitutions of many of the patients.

The reports of the Chief Physician and of the Chief Surgeon, with the table of diseases, &c., thereto appended, which will be found in the Appendix to this Report, present, as usual, many valuable and curious statistics of disease.

[This document is signed by the Commissioners, viz.: Messrs. Verplanck, Carrigan, Curtiss, Purdy, Cumming, Hunt, Jellinghaus, Powell, Low, and Tiemann.]

MEDICAL AND SURGICAL REPORTS, FOR 1859.

TO THE PRESIDENT AND BOARD OF COMMISSIONERS OF EMIGRATION:

Gentlemen—I have the honor to submit the following as my Report of the New York State Emigrant Hospital for the year ending 31st December, 1859:

In Hospital, January 31, 1859	605	
Admitted since	2,802	
Born	261	
Stillborn, 19 Total treated		
Abortion, 1 Total treated		3,668
Discharged	3,029	
Died		
		3,207
Remaining, January 1st, 1860		. 461

In the Midwifery Department, 273 women gave birth to 116 girls and 145 boys, making a total of 261 living, and to 7 girls and 12 boys (total 19) stillborn—in all, 280 births. There were 7 twin cases. Six women died; one from Eclampsia and three from Puerperal Fever, early in the year, but, owing to the facilities we have in this Institution of changing wards, the spread of this dangerous disease was checked immediately by so doing.

In the Insane Department, 100 females and 82 males came under treatment, of whom there were 56 females and 47 males discharged, and 2 females and 4 males died. There was one case of suicide. I beg to remind your Honorable Board, that in this division we still labor under the same disadvantages which have been so often represented to you.

It may be seen by the annexed table that 113 adults and 65 children died, making a total of 178. Of the latter, 47 were under one year, whose deaths are generally to be attributed to the sickness or inability of the mothers to afford them their proper care or nourishment.

The mortality on the cases treated and discharged will compare favorably with any former year.

In the Refuge or Dispensary Department, 3,326 came under observation, of whom 84 children died owing to the various causes assigned in last year's Report.

In the whole Institution there were 6,994 treated, of whom 262 died, giving a per centage of mortality on cases treated of 3.74.

During the past year we have been visited by no particular epidemic, with the exception of those few cases of Puerperal Fever, which have been already noticed. There were some sporadic cases of Scarlatina and Measles, from which a few deaths resulted without extending to the inmates; neither did Typhus Fever, though we admited a proportionally larger number, and of a graver character, than in former years, in consequence of the abolition of the Quarantine Hospital. On the whole, the general Hygiene of the Institution continues favorable.

To the Superintendent, Captain L. D. Pilsbury, I am indebted for his ready response at all times to my representations regarding the sick, as well as for a continuance of the personal courtesy and kindness I always received from his predecessor, General Pilsbury.

I have again, with pleasure, to express my acknowledgments to my

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assistant, Doctor Simrock, for his unremitting and faithful care of his patients, as well as for his invaluable aid and advice when necessary.

The Apothecary, Dr. Dwyer, continues to merit my highest approbation for his efficiency and strict attention to his department.

The Hospital Clerk has discharged his duties to my entire satisaction.

Very respectfully your obedient servant,

GEORGE FORD, Chief Physician.

WARD'S ISLAND, January 1st, 1860.

STATISTICS OF THE STATE EMIGRANT REFUGE HOSPITAL, For the Year ending 31st December, 1859.

	Over 12 years.		Under 12 years.		Total.
	Females.	Males.	Females.	Males.	1 Osias
In Hospital 31st Dec., 1858.	210	300	38	57	605
Admitted since	982	1,546	132	142	2,802
Born			116	145	261
Treated	1,192	1,846	286	344	3,668
Discharged	989	1,544	235	261	3,029
Died	48	65	38	27	178
Total	1,037	1,609	273	288	3,207
Remaining 31st Dec., 1859.	155	237	13	56	461
Of those who died " " Total	• • • • • • •	. 18 we	ere betwe	en 12 a	nd 1.
Per centage of mortality on		- • •	1		4.85
" " "			• • • • • • • • •		5.87
Average daily population of					472
" " number of dea					0.49
Per centage of mortality on					1.10
Average number of days sp					
tients who died					50
The beds changed occupan					•
Number of cases treated in the					
" deaths					84

Per centage of mortality on the cases treated	2.22
Total number treated in the whole Institution	6,994
" of deaths	262
Per centage of mortality on the cases treated	3.74
Number of days spent in the Hospital by the patients16	3,219

To the President and Board of Commissioners of Emigration:

I have the honor to inclose herewith the Annual Report of the Surgical Department of the State Emigrants' Hospital, for the year ending 31st of December, 1859.

By this statistic, it is shown that the whole number of cases treated was 1,029; the number of cases cured and discharged, 851; the number of cases transferred to the medical wards, 24; and the number of deaths, 11—1.06 per cent., or a small fraction more than one per cent. on the number of cases treated. There remain under treatment, 143.

It will be observed from this statement that the per centage of deaths has been remarkably small, particularly when the broken-down and cachectic constitution of those admitted is considered.

Since the last report, the Department has remained entirely free from epidemic disease. There have been admitted, however, a number of severe chronic diseases, such as Scrofulous Caries of the Large Joints, Spinal Column, and Pelvis, as well as many cases of aggravated Syphilis.

As in previous years, many capital operations have been performed, such as Resection of the Bones and of the Joints, the Ligation of Large arteries, Amputations, &c., as well as some of the important operations on the Eye and its appendages. I may also mention the introduction, for the first time, into the hospital, of an original operation for the cure of Reducible Hernia, which, judging from the cases already treated, is likely to be attended by most beneficial results to those affected by this malady.

The co-operation of the Superintendent in all matters appertaining to the Hygiene and discipline of the Hospital has afforded me additional facilities in the medical management of the patients.

The Assistant Surgeons, Drs. Guleke and Selden, are entitled to my commendation, for their zeal, intelligence, and general usefulness.

Most respectfully,

J. M. CARNOCHAN.

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STATISTICS OF THE SURGICAL DEPARTMENT,	
FOR THE YEAR ENDING 31st DECEMBER, 1859.	
In Hospital, January 1st, 1859	
Admitted since	
" by transfer from medical wards 84	•
Born 5	
Treated	1,029
Discharged during the year 851	-
" by transfer to medical wards 24	
Died 11	
Total	886
Remaining 31st December, 1859	148
Per centage of mortality on cases treated	1.06
" " discharged	
GENERAL SURGERY.	
In Hospital, January 1st, 1859	
<b>A</b> dmitted since	
" by transfer from medical wards	
" other surgical divisions 2	
Born 2	
Treated	464
Discharged during the year	
" by transfer to medical wards 2	
" other surgical divisions 5	
Died 6	
Total	396
Remaining 31st December, 1859	68
Per centage of mortality on the cases treated,	1.29
" " discharged	
<b></b>	

Surgeon-in-Chief.

OPHTHALMIC.	
In Hospital, January 1st, 1859	
<b>Admitted since</b>	
" by transfer from medical wards 16	
" other surgical divisions 3	
Treated	199
Discharged during the year	
" by transfer to medical wards 5	
" other surgical divisions 3	
Died 1	
Total	160
Remaining 31st December, 1859	82
Per centage of mortality on cases treated	0.51
" " discharged	0.63
Syphilitic.	
In Hospital, January 1st, 1851	•
<b>Admitted since</b>	
by transfer from medical wards 40	
" " other surgical divisions 3	
Born	
Treated	374
Discharged during the year	
by transfer to medical wards 4	
other surgical divisions 5	
Died4	
Total	831
Remaining 31st December, 1859	48
Per centage of mortality on cases treated	1.09
discharged	1.20
J. M. Carnochan,	

[Now let the salaried system, organized for these extensive Hospitals by this Commission, and the results, as shown by the statistics, be contrasted with the shocking mortality reported from other public charities, in which remedial institutions are provided with lay-Wardens and a volunteer unpaid medical corps; instead of being committed to a Medical Head, as all history and all experience prove to be indispensable to the safe conduct of public hospitals. The interests of the sick poor, as well as the economy of expenditure, which this Report shows, deserves especial comment, but our limits forbid.]

### ST. LUKE'S HOSPITAL.

We have heretofore expressed our high appreciation of this truly Christian and catholic charity, and rejoice to learn that its support is ample, and it may be regarded as permanently established beyond any probable contingency, by the numerous and wealthy friends who have rallied to its support, being moved thereto chiefly through the instrumentality of its founder, the Rev. Dr. Muhlenburg, whose zeal, industry, and piety, exemplify indisputable "signs of an Apostle," and of whom it may be said, as truly as of any other mortal, "he went about doing good." Such a man deserves to be honored for his work's sake, and in the success of this hospital he will have a monument, for his name may not be written over its portals, as is that of "Luke, the beloved physician;" yet it will be engraven upon its walls, and upon the hearts of the present and coming generations, crowning him with a "mortal immortality."

We perceive, however, in the first Report, just published, that in the brief history of the Institution, but little over a year in existence, the statistics show the extraordinary mortality of nearly 23! per cent., viz.: 68 deaths in 301 patients, which is unprecedented in any other hospital at home or abroad. That they have eighteen physicians and surgeons in the medical corps, which only gives sixteen patients and a fraction to each doctor, will, we fear, prompt to unkindly criticism upon the profession, which we should regret, as the list contains the names of many of our prominent men, although their connection is probably only nominal. Still, however, the death of nearly one-fourth of all the inmates in a few months, calls for some other and better explanation than that given in the report, viz., the large proportion of phthisis among the inmates, which is not greater than at several other hospitals, whose mortality is less than half of that at St. Luke's. If

any other explanation is possible, we shall be happy to make it, for we are not willing to admit that it is because there are too many doctors; nor to the suggestion of a correspondent, that "the selection of the medical staff was intrusted to a particular clique, the partisans of a particular school." We are sure that if such a mortality, in such a hospital, had occurred under our care, we should not complain if our retirement from the post was invited on the ground of our want of success, for no change could be for the worse. We still hope that those concerned will be able to throw some light on what seems to us unaccountable mortality, and we shall be slow to believe that it is owing to the insalubrity of the site upon which the noble and expensive building of St. Luke's has been erected.

## SELECTIONS.

Ligature of the Femoral Artery for the Cure of Elephantiasis of the Leg and Foot.

By T. L. OGIER, M.D., Charleston.

(Read before the South Carolina Medical Association, Feb. 1st, 1860.)

On the 20th of October, I was consulted in a case of elephantiasis of the leg and foot. The parts had attained an enormous size, and had existed five years. The subject was a negro man, 26 years of age, of extremely well-developed muscular system, and in good health. The size of his leg and foot, and the dull pain experienced when walking, incapacitated him entirely from any kind of labor, and made him a burden to himself; so much so, that he said it would be a relief to him if I would amputate the leg. As soon as I had examined the case, I determined that it was a suitable one upon which to try Dr. Carnochan's method of cure, viz.: tying the femoral artery. I told him that I had never found any treatment of any permanent service in his disease, but that cases had been cured by taking up the femoral artery, and that I considered his case a fit one for the operation, and if he and his owner were willing I would perform the operation, as it was the only thing to be done for him. At the same time I explained to them both the gravity of the operation, and that it might result in his death. Without any hesitation the patient assented, and urged me to do anything, no matter at what risk, so that there was a chance of having his leg cured. His master also consented, and the operation was at once decided upon. I gave him the next day a dose of calomel, followed in eight or ten hours by a dose of castor oil, thus purging him out well, so that after the artery was tied, he might be disturbed as little as possible.

On the 23d of October, at 12 o'clock, assisted by Drs. Miles and Ravenel, I cut down at the lowest point of Scarpa's triangle, and tied the femoral artery. No difficulty was experienced, and no hæmorrhage occurred at the time. The saphena vein was not exposed in the incision, and, therefore, offered no obstruction to the taking up of the artery. I applied a single ligature, made of hemp, cut off one end, and left the other hanging out of the wound, the end being secured to the thigh by a piece of adhesive plaster, to prevent its being The wound was then closed by one suture, and adhesive straps and a light compress and bandage applied over these to keep them from being displaced. Bottles of warm water were put around the leg and foot, which had now become cold to the touch, and felt quite numb to the patient. The leg was put in the easiest position, slightly flexed, and sixty drops of laudanum given, with directions to the patient to keep perfectly quiet, and try to sleep. At 6 o'clock P. M. he had slept, and then felt comfortable. His pulse was 100 per minute, but soft. At 8 o'clock the next day, he expressed himself as feeling very well; but his skin was hot, and his pulse hard, and beat 160 to the minute. I directed six drops of tinct, verat, viride to be given every hour in a little water, until the pulse was reduced. At 6 o'clock P. M. the pulse was 80, and the verat. viride ordered every three hours. The next morning the pulse was 59, and the medicine was discontinued, the patient feeling quite cheerful and comfortable. The bandage and plaster were removed on the fourth day. The wound was found to be suppurating freely. It was dressed, and the patient directed to take a little chicken broth. As the wound was suppurating freely, it was now dressed every day, and on the twelfth day the ligature came away, no hamorrhage following it. The wound had healed in its upper two-thirds, the lower third was still open, and continued to discharge healthy pus, but in much smaller quantity.

The leg and foot began to decrease in size from the second day after the operation, and was now not more than half the size it was before the artery was tied. All went on well, until the morning of the fifteenth day, when the nurse sent me a hurried message, to say that the man was bleeding freely from the wound, and that he had temporarily arrested it by compressing the wound tightly with his hand and a compress. Upon visiting him, I found quite a pool of blood around the thigh. It did not continue to flow, as the nurse still kept the compress firmly against the wound. Upon removing his hand, the blood came out in a stream about the size of a quill, and with indistinct pulsations. I was in doubt whether to cut down and take up the ext. iliac. or for the present merely to trust to a compress. I determined upon the latter, and applied a firm compress the whole length of the wound, and confined it with a bandage. It appeared to me that if the hæmorrhage was caused by improper adhesion or ulceration of the orifice of the upper or cardiac portion of the artery, it could not so easily have been restrained, and that it would have gushed out in violent and distinct pulsations; but that if the bleeding came from the lower or distal end of the artery, the pulsations would be indistinct, and the flow more easily restrained. Accordingly, when, after several hours. some oozing had taken place, I cautiously removed the compress and bandage. I found that the flow of blood was entirely arrested when I made pressure on the artery some three or four inches below the wound; but when the pressure was made on the artery above the wound, the flow was checked, but not entirely arrested. This showed plainly that the difficulty was in the lower end of the artery, and I accordingly applied my compresses there, and continued them for twelve days, in which time the external wound was firmly healed. then discontinued, and no other untoward circumstance occurred. is now three months since the operation; the leg and foot have subsided to very nearly the natural size. The patient walks about, and feels no pain or uneasiness. He wears an elastic stocking, and will continue to wear it for some time, or as long as there is any swelling of the foot.

Dr. Carnochan, of New York, was the first surgeon who proposed to cure elephantiasis by ligature of the artery, and has published four cases in which he has practiced it with success. Since the publication of Dr. Carnochan's first case, Professor Erichsen, of London, reports a case of elephantiasis of the foot, treated upon the same principle, by tying the anterior tibial artery in the middle of the leg. The result is said to have been perfectly satisfactory, and Professor Erichsen writes that the operation was performed in consequence of the reported success of Dr. Carnochan's first case.

If our case is permanently cured, it will be the fifth on record, effected by ligature of the femoral artery.

The swelling has all nearly subsided now, but at least a year must

elapse before the disease can be said to be permanently eradicated. In the course of the treatment of this case of ligature of the femoral artery, there were two points which I think particularly interesting. The first was the time at which the secondary hæmorrhage occurred. When we tie an artery, if secondary hæmorrhage does not take place on the third, fourth, or fifth day, we look anxiously for the coming away of the ligature, as that is the time it is apt to happen. But if this comes away of itself, and no hæmorrhage follows, we feel easy about the case, and consider that, with ordinary care, all danger is over. I felt so in this case, when, three days after the ligature was thrown off, while the patient was asleep, the hæmorrhage occurred, and but for the timely assistance of the nurse, he would have died. presume the hæmorrhage was caused by slight ulceration of the lower end of the artery, beyond the point where the ligature was applied, and that the pressure of the compress caused the edges of the ulcerated vessel to adhere, and thus arrested permanently the bleeding.

The second point was the good effect produced by the doses of the veratrum viride. The effect of this medicine, in reducing the pulse in pneumonia, carditis, and many febrile diseases, is now well known, and the benefit of it in these diseases acknowledged. In the ligature of arteries, the first thing desirable is the formation of a clot in the end of the artery. There is no doubt that the fewer the pulsations of the artery, the easier is the clot formed. With every pulsation this is more or less disturbed, so that, if we can easily and with safety reduce a pulse of one hundred and sixty or seventy to fifty per minute, we put the patient undoubtedly in a more favorable condition for the formation of the clot and the obliteration of the artery. Would it not, then, in all cases of ligature of the large arteries, be well to reduce the pulse for the first three or four days, by the veratrum viride?—

Charleston Medical Journal.

## SIR JOHN FORBES.

This noted English physician and writer has at length retired from the practice of physic, and has presented all his medical works to his alma mater, Mareschal College, Aberdeen. Had he retired twenty years ago, it would, in our opinion, have been better for the profession. No man living has done so much to destroy the confidence of the public in the medical profession, and prepare them for the reception of homoeopathy or any other humbug, as Dr. Forbes.

## Annual Dinner of the Medical Society of Kings County.

Speeches of Rev. Drs. Van Duyne, Vinton and Cox, Messrs. Sloan, Chittenden, Boardman and Rodman, Drs. Mason, Bartlett, Ball, Conkling, Lockwood, and others.

The usual annual dinner of the Medical Society of Kings County took place last evening at the Pierrepont House. It was the largest and most imposing social assemblage of the profession that ever convened under the auspices of the Society. Nearly all the leading physicians of the city were present, and about one hundred and twenty gentlemen sat down to a banquet served up in the usual style of the Pierrepont House. The bill of fare was both liberal and choice in its contents, and the ready and attentive female servitors who wait on the guests of this establishment form an agreeable feature of such entertainments. A fine band furnished a liberal supply of well-selected and admirably executed music during the evening.

Dr. Mitchell, the President of the Society, occupied the chair. Dr. Daniel Brooks acted as Vice-President. After the edibles had been disposed of, and the physical craving fully satisfied by generous viands, which, a great poet avers, not only renovate the physical powers, but stimulate

"—— the intellect, whose use Depends so much upon the gastric juice,"

the first toast was announced from the Chair:

"Our Annual Festival—May each return add a new link to the chain of social brotherhood that binds us together for the common good."

Dr. Mason, who arrived late, and had found it almost impossible to be present, responded. After apologizing for the unprepared and hurried manner in which circumstances compelled him to appear before them, he proceeded as follows:

The first fact I wish to mention is, that the Medical Society of the County of Kings is a legal incorporation. It was organized in accordance with a statute of the State of New York, on the 2d March, 1822. At the moment of its organization it became, by a provision of that statute, a corporate body.

Thus, like Minerva from the brain of the Father of gods and of men, it sprang into existence, perfect and complete. To it, as a consequence, there pertained certain powers and certain duties. One, which here deserves especial notice, is the supervisory power which it

is authorized to exercise over all the practicing physicians and surgeons in the county—requiring them to submit their credentials to the inspection of its officers, and to unite themselves with the Society, (if found qualified,) on the penalty of a severe legal punishment in case of neglect or refusal. It has thus held and applied the only test known to the laws of the State, by which the regular and legal practitioner might be discriminated from the irregular host of all grades and names.

Twenty years ago this Society adopted a code of medical ethics, regulating the intercourse of its members, one with another, with their patients and with the community—a code which is but the expansion and application in its details of that "golden rule," that law of love, which, sent down from the regions of the blessed, would, if observed—not perhaps bring down heaven to earth, or raise mortals to the skies—(something more is needed for this, as, I think, our Rev. guests would inform us)—but would restore to us the purity and the bliss of primal Eden, before the violation of the laws of nature and of nature's God had "brought death into the world and all our woes."

The Society has always required of its members the observance of this code; for a disregard or breach of its provisions it has held them amenable to discipline by reproof, or punishment by expulsion. The moral sentiment has become so potential that some have withdrawn from its membership, not being willing to remain in the "light, lest their deeds should be reproved." A moral conflict has been waged by the Society, and the victory has remained with the right.

The members of this Society have always been active in the philanthropic enterprises of the day, and it may truly be said of them (as of our profession, I think, in general) that no men in the community contribute more largely, in proportion to their means, to the relief of human suffering, whether by pecuniary aid to eleemosynary establishments, or by direct personal or professional services to the poor and sick. In this connection, let it be observed, that amongst us may be found the men who have been active in founding and sustaining the Hospitals and Dispensaries hitherto established here, and who have given—given, I say, for be it known that all their professional services are gratuitous—their professional aid and much time and labor to all of the charitable institutions of the city.

In view of these facts, how apparent is the healthful and beneficent influence of our association—sustaining and sustained by its legal position, confirming the highest moral requirements and enforcing

them on others, and contributing largely to all our Humanitarian institutions; what a silent yet efficient power has it been exercising during the last 40 years—silent, yet refreshing as the dew from Heaven; gentle, yet reviving and life-giving like the vernal showers. And like these, too, so uniform and regular and common, as to be, if not unknown, yet quite unnoticed. But the inhabitants of this city should know and recognize the fact, of which they seem all unconscious, that such a body, and such men, are here in the midst of them; and if, like the Prophets of old, they have no honor in their own country and city, yet like them they are prophets nevertheless. here would venture to express the opinion, that as a body, (I say as a body,) the medical men connected with this Society have few superiors in all that constitutes the wise, the efficient, and the skillful phy-True, there are here and there some bright particular stars scattered over the medical firmament, the splendor of whose light we do not claim to equal-although we too have men amongst us not unknown to fame (I did not say two men, Mr. President, though that would have been strictly true)—and others there are who, though they may not have attained to equal prominence, are yet advancing with firm and certain tread to the first rank in our profession. Let us glance now at another aspect of our position. Bear with me for a few moments longer and I have done. By the publications which it has put forth, "On the Laws of the State relating to Medical Practice;" by its "Transactions," which are issued every alternate month; and by communications from its members to the standard medical periodicals of the day, this Society has earned for itself an enviable distinction amongst the medical associations, and gained the respect of the profession of the State. "Success," says one of the wisest public men of the day, "never swells with pride the hearts of those who see in their elevation a greater duty imposed upon them and a more elevated mission confided to them by Providence."

The second toast was-

"The Liberal Professions—Divinity, Law and Physic—Representatives of Justice, Love and Mercy; may they labor harmoniously to give comfort to the mourner, justice to the oppressed, and health to the afflicted."

Rev. Mr. Van Duyne responded to this toast.

After some preliminary remarks, Mr. V. said that from his infancy up, he had been familiar with the trials and self-denials of a physician's life, and the feelings of respect he had towards the profession

were mingled with the reverence he felt for a venerated father. Since he had been a minister those feelings had deepened, and he heartily agreed with what had been said, that there is no class in the community who did so much, so quietly, and with so little bruit and noise, for the benefit of the suffering and the elevation of men as physicians. It was a melancholy thought that the necessity for the liberal professions grows out of the sin and misery of human nature, and it will be a happy day when the services of each can be dispensed with. But there will be a long, hard fight before the world can do without the doctors, the ministers, and the lawyers, and in the mean time they ought to stand together more than they do: as the great object of all the professions was to reproduce that pattern of a true man-mens sana in corpore sano. He considered it a disgrace to our statute-book and a stain on the civilization of this new world that liberty and licentiousness lie near to each other, and a man who becomes too lasy or too stupid to make good horse shoes or men's shoes, may set up for a doctor. It does not relieve the matter to say that he practices on his own responsibility, and that others employ him on their own responsibility, or that the majority of the community are fools. law is to protect the weak, and ought to protect the superstition, credulity and blindness that prevail in regard to the medical profession. And men who have the title of "Reverend" to their names ought to be more careful, not to undermine the confidence of the public mind in medical science, for there is such a thing as medical science: that wisdom and knowledge deduced from the experience and experiments of ages, of which those before him were the representatives, or if they were not, they were unfit to be practitioners of medicine. He frequently saw ministers' names attached to the recommendation of abominable quack nostrums; and he believed there were more abominable drugs and vile whiskey sold under the recommendation of even temperance ministers than would poison the whole nation. He considered that doctors should teach the people what they wanted to know on dressing and the necessity of fresh air. People seemed to regard disease as peculiarly sent by Providence, though in many cases they bring it on themselves. Young mothers will go to public assemblies in full dress-which means half naked-and will walk the street in a dress that excludes all idea of the wearer's possessing feet, and yet lifted so high as to endanger health, if not shock decency. The Rev. gentleman concluded by an argument in favor of fresh air.

Dr. Vinton was next called upon, and spoke as follows:

GENTLEMEN—I thank you for your cordial greeting. It is really delightful, as it is strange, to find myself in such good company. This is a sort of a democratic aristocracy. Every one of you has a Title. You are a community of Doctors. Wonderful sight! Doctors who agree together! But, then, it is dinner-time; or rather after dinner-and a full stomach, not over-loaded, with a little generous wine, not copious draughts—that is a feast in Lent, is said to be a provoker to harmony and good feeling. When I remember that I have seen some of you in the exercise of your despotic authority, making everybody stand about, or saying to this one "Go," and he goeth; and to that one "Come," and he cometh; when alarmed hearts beat hard or gently at an expression of your face, and anxious listeners wait for your oracular words; when you are the longed-for and the dreaded visitor of our domestic sanctuaries, which no other feet but yours and mine are permitted to invade, I am quite pleased to find the tables tarned; you the subjects and I the autocrat. But what can I say to you, learned Doctors of Kings County? I have a mind to ask you who you are, and what you are doing? And since I am accustomed to speak from a text, I will make one for the occasion.

Who are you? This is the first clause of my text. Who are you? You are a Medical Society, you say in your card of invitation. But I see in you a loftier dignity than you claim. You are the legitimate successors of Hippocrates, Celsus, Galen; the representatives of a line of Physicians stretching into an antiquity remoter than the Christian era. You keep up the succession—not the Apostolic succession to which I am linked—but next to it in sacredness and in worth. You are the true Church, in your doctrines, faith and profession. I must be permitted therefore to greet you in fellowship, and to claim a sort of close communion in the brotherhood of appointed ministers to humanity.

And I confess to a profound reverence for your first father, Hippocrates. Five centuries, nearly, before the first Christmas-day, he taught and recorded the true principles of your science, which the whole civilized world have ever since adopted, relied on, and practiced to their healing. The great, the cardinal principle of Hippocrates is Physiology. It denotes a knowledge of nature and nature's laws. What can be more important to the practice of physic? Why, note the word Physic! Not that disgusting compound which turns our lay-stomachs at the sound of it. This is only a trope. The real Physic is nature, and the true practice is to treat nature in her

various moods, letting her have her own way. For this reason, I like the old title, the practice of physic, better than your modern synonym, the practice of medicine. In truth, they are not synonymous. They suggest theories of practice most discordant, if not opposite. One theory presupposes that nature always tends to a cure. The other theory atthe theory of physic. And so it helps nature. tempts to cure nature; and so it fills us with drugs. I like the former, because it is true. theory of medicine. tends to a cure. The equilibrium which God established in the wide universe, whereby He hangs the planets, and the sun, and the stars in the vault of heaven, and moves them in their orbits and in their system harmoniously; and whereby He sways the ocean in the flow and ebb of tides, saying to the sea, "Hitherto shalt thou come, and no further, and here shall thy proud waves be stayed;" whereby He arranges the order of the seasons, in their procession of spring and summer, and autumn and winter, equalizing the average temperature for each degree of latitude—this grand first principle of equilibrium, pervading all nature, is the hygiene principle of human nature. pendulum, struck by your hand, does not more surely return to its centre of gravity, striving for equilibrinm, than our bodies, stricken by disease, seek, in the mysterious process of its organic functions, the equilibrium of health.

And let me say, that whatever practice is followed, whether orthodox or heretical, the symptomatic practice, or the hydropathic practice, or the sangrado practice, or the regular physiologic practice—each and every practitioner calls himself a Physician. The very title condemns him who consults not nature's tendency to her original equilibrium of adjusted, harmonious organisms, which we call health. Now, evidently, the corner-stone of this temple of medical science is physiology. It is the knowledge of nature and of nature's laws in respect to the human body that begins to make the physician.

Therefore, Hippocrates is honored by the world, and his principle is accepted by the generations of your predecessors, and followed by you. With Celsus, born in the first century, and Galen in the second century, Hippocrates is bound to your hearts in "a threefold cord that cannot easily be broken."

But the temple which, gentlemen, you guard in your society, has pillars on this foundation of physiology.

PATHOLOGY, the knowledge of suffering, the perception of any

change from the physiological or natural condition. This is a pillar, wonderfully wrought in the delicacy of consummate art.

HYGIENE, the laws of health, and the effects of remedies. This is a pillar, curiously diapered with mystic lore.

THERAPEUTICS, the skill to preserve sound health and to apply proper remedies to disease. This is a pillar, engraved all over with the elements of the Materia Medica, and with the names of the Pharmacopæia. Chemistry: the deep knowledge of affinities and their working, with the art of compounding simples and dissolving compounds. This is a clustered pillar. These are the majestic columns that stand at the four corners of the Temple of Medical Science.

For fifteen hundred years your forefathers labored to build this Temple. And since the days of Paracelsus, who founded what is called "The Sect" of Chemists, what an array of faithful physicians adorn your annals, in ever country: Van Helmot (1577), Stahl, (1660), Boerhaave (1668), Cullen (1712), Brown (1735), (blessed old Thomas Brown), Parry (1756), Bronfrais (1772), with Cooper, and Abernethy, and Colles, and Liston, and Velpeau, and Roux, and Hosack, and Rush, and Physic and Warren—and shall I name living men, or rather the breathing men, (for those whom I have named "still live"—Stokes, Williams, Simpson, Watson, Jackson, Mott, Parker, Delafield; with that famed band whom you have called here to be professors in your "Long Island College"—Flint, Dalton, Doremus, Chapman and the rest; all of whom, with you, have handed down to this generation and in your Medical Societies the principles and truths of your noble science, whole and undefiled.

I have told you "Who you are." This is my opinion of you, gentlemen, and I am happy to publish it to you. But I proposed two heads to my discourse. Perhaps, like most of the hearers of my long sermons, you wish me to stop.

Shall I go on then to ask you "What are you doing?" or shall I tell you what you are doing?

I am a reader of the newspapers. I take the New York Times and (shall I confess it?) I read the Herald. I have a profound respect for the Courier and Enquirer, and I cannot well do without the Post and the Express of an evening. And let me acknowledge that I buy the Brooklyn Eagle from that old blind man at the ferry, who, somehow, knows my step and pleads with me for "one cent."

Well, in all these newspapers I have read that at the late gathering of your General Convention in Albany the "Kings County Medi-

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cal Society" was banner Society of the State. They presented more papers, reported more transactions, and had been more industrious and successful than any other Society in the State of New York.

Gentlemen, true merit is modest. You thought you were but doing your duty, and you look up and find it Fame. We, laymen of Kings County, are proud of you. But all this is ephemeral praise. Next year you may be surpassed by emulators; or you may relax (take warning) in your zeal. Noah was righteous in his generation, but it was a very bad generation.

I will take it for granted that your merit is modest, and that you do not wish me to resound your praises as the Kings County Medical Society.

Let me, then, tell you what you are doing, as physicians, to humanity.

Your science of physic is the handmaid to Christianity. Christianity inculcated the law of charity; prompted hospitals for the sick, and made them Hotels de Dieu, and their inmates guests of God. Christianity gave to humanity the asylums for the poor, and the retreats for the insane. The Church is the nursing-mother of all benevolence, and Christ Jesus is the Good Physician.

But you are His ministers. For whom do we call upon in "the pestilence that walketh in darkness and in the sickness that destroyeth in the noon-day?" Who come at our call when an epidemic rages? Who supply our dispensaries, our poor-houses, our asylums? Who impart knowledge in our academies and our schools of medicine, and brave the cannon's mouth in our army and our navy, with none or little pay, but the consciousness of doing good? In all our public institutions the physician is the glad and common servant. class of men give of their time and their talents, for the amelioration of the woes of life, like you. I desire to express the obligations of the clergy to you. I publicly avow my personal thanksgiving to you, and my gratitude to God, that you have ministered to my sickness and the sickness of my dear family, as you are wont to do to every clergyman and his household, without pecuniary fee or reward. And no brother can be more tender or more assiduous in his kindness, But here, let me justify the young physician who than you to us. charges a fee for attendance on the poor. The poor call on him, or some charitable woman sends for him to visit a laboring man and his And he asks for half a dollar, when (forsooth and shame) they make an outcry against him! Why, it is his living, it is his

life. An outcry! let the benevolent woman pay the fee and be thankful that she can command such valuable services so cheaply.

For the time will come when that young physician will testify his unbought skill, to the added honor of the profession. There is no class of men so charitable as you are. You ought to be rich; and (since I do not pay) the rich ought to be roundly subsidized. Such advice, they may think, comes ungracefully from a recipient of your bounty. But I cannot help it. Somebody must pay you, and why not the rich man? At any rate, I go for indemnity and equilibrium. So, gentlemen, charge the rich patient on my account; and see that your bills are paid in January.

It has been my good fortune to witness what you are doing in Brooklyn.

I helped to lay the corner-stone of your City Hospital. I pleaded for another wing, since no creature could soar with one wing only, and so your City Hospital has two wings, and is lifting itself up into the firmament, admired and exulted in by all our citizens.

And I have been honored with a notice of the establishment of the "Long Island College Hospital." This is progress. A Hospital and a College wedded together. The practical offices of surgery and nursing and medicine, with instruction to the next generation of Physicians.

Gentlemen, do you know that you have established one department in the University of Long Island? The long-talked of University is The City of Churches is becoming the seat of secular learn-Our Polytechnic, for boys; our Packer Institute, for girls; our Lyceum for both sexes; our private Schools of Cosmopolitan fame, are nurseries of the intellect and the heart. The Churches are for the souls, the Hospitals for the bodies. Let the University embrace the whole manhood, and be soon erected into beneficent activity. We are no longer tributary to New York. Our Brooklyn papers say truly, New York is the suburbs. We have our Academy of Music-all that refines the mind, gratifies the taste, warms the affection, relieves the body and educates the soul, are here or soon to be here, in the third city of our great country, in the City of Brooklyn. You, gentlemen, are helping in this work. The Kings County Medical Society is an agent in our better civilization, and in the ministries to our happiness.

Andrew Boardman, Esq., also responded on behalf of the legal profession.

He referred to the want of an esprit du corps among the doctors.

He had studied for a physician himself and received his diploma, but then turned his attention to the law. Among the latter there is more generous appreciation of individual merit, owing perhaps to the fact that in contests at the bar lawyers measured each other's strength and learned each other's worth. These social reunions would produce a similar result among the medical profession, by making its members better acquainted. While fighting against outside quackery, they ought to discountenance unfounded pretension within, and refuse to recognize the false-pretence parchments certified to by small hatching-places throughout the country, unless the recipient had, by books and experience in the hospital and clinical instructions at the bedside, qualified himself for his duties. They did not require the protection of the law; the weakness of all the professions lay in their own unworthy members.

Thos. C. Rodman, Esq., was also called upon, and excused himself from indulging in any lengthened remarks.

He said, like the gentleman who had listened to Burke's speech, and said that he said "Ditto to Mr. Burke," he said ditto to the sentiments he had heard so well expressed. As to the legal profession, he thought it was the esprit du corps, the want of which had been lamented in the medical profession, sanctified sometimes by a higher spirit, which made the lawyer all that ever rendered him worthy of the name. They like fees, yet the most spirited appeals the advocate ever makes are those made without fee or reward. If there be a defenceless woman, a disinherited son, a poor outcast, against whom the whole world has turned its face, and he or she wants an advocate, they can always find one at the bar. And it is when the lawyer rises above the storm of popular fury and takes his place by the side of the man against whom perhaps the whole power of the nation is arrayed it is then the lawyer feels his highest glory. We saw recently an instance of it when men were ready to go into a distant and excited city and community, and perhaps against their own principles, to defend a man against whom the law was already fulminating its thun-He then referred to the position of the physician and the intimate relation between him and his patient. Perhaps there is confided to him secrets which no other human being ever knows. relation is almost a sacred one, and the doctor should be both minister and physician.

Rev. Dr. Cox followed in a characteristic speech, full of classical quotations, anecdotes and caustic assaults on quackery, against which

he entertained a "gastric hate." He described an inquiry he received from a rural clergyman, who wished to know all about a certain M.D. in Brooklyn, whose advertisement stated that he had been a missionary to Japan, where he lost his lung, and had discovered a certain remedy for consumption. He held that men must be educated to professions, and no man should be allowed, like the spider, to draw his information from his own bowels; and though he vibrate in the air, because the Prince of the power of the air inflated him, he was not going to heaven.

Dr. Bartlett followed in an eloquent and ornate oration, which lack of space prevents us from publishing, and a synopsis would not do justice to its compact and well-rounded periods.

"Our Charitable Institutions—Our noble co-workers in the cause of humanity, we cordially give the right hand of friendship to their honored representative."

Ex-Senator Sloan responded:

He thanked them for the generous welcome they had given him, and assured them that in all their efforts as co-workers they ever meet with a hearty response from the citizens of our noble city. The institution which he more immediately represented—the L. I. College Hospital—had issued the programme of professorships, and it was entitled to their sympathy and regard. He believed that that institution, with the help of the Medical Society of Kings County, will be one wing and the starting-point of the L. I. University.

S. B. Chittenden, Esq., was loudly called for, and acknowledged his ignorance of the numbers which the medical profession of the county seemed to include, for he was not aware there were as many physicians in the county as he saw around him that evening. After a humorous allusion to the condition of the patients, who were left for several hours, at least, without their medical advisers, Mr. Chittenden concluded his extemporaneous and well-conceived remarks with a complimentary sentiment to the Medical Society of Kings County.

"The Army and Navy"

was the next toast, and elicited a brief and appropriate response from Dr. Lockwood, of the Marine Hospital.

"The Press."

Responded to by Mr. Evans, in a few happy extemporaneous remarks. Woman was next honored by a complimentary sentiment, and Dr. Ball was called on for a response.

He commenced by the avowal of his being a member of the ranks of bachelorhood, but disavowed any insensibility to the delicate charms which characterize the true woman. Had he the powers of a Michael Angelo or a Raphael, he would represent her as an angel of mercy, sent from above to lighten the burdens and alleviate the sorrows of this lower world. Or had he the gift of song, his first theme would be a mother's love, the purest and strongest of all earthly emotions—and then maiden's fidelity—woman's constancy and self-denial. Elevated by her beauty—her poetic temperament—her quick intuition and her divining faculty, she rises in the scale of humanity to full equality with that of our own sex; yet, in a different sphere, creating a pleasing antagonism to our own more rugged natures, and which serves to bind the two sexes so closely together. It is this struggle of contrary qualities which constitutes the chief charm of this world.

Dr. Conklin followed in an exceedingly happy vein, and made a most effective and eloquent speech.

The company broke up about one o'clock. The entertainment was conducted in an excellent manner, and no little credit is due to the committee of arrangements, of which Dr. Dudley was chairman, for the manner in which they performed their duty, and the success which crowned their efforts.

### NOVEL TREATMENT OF DIABETES.

[The worst case of Diabetes we ever saw was cured in this way, after we had exhausted all other resources, and witnessed the failure of every remedy, even in mitigating the symptoms. She was a lady of refinement and education, and being reduced to the last extremity of emaciation, a fatal prognosis was made by all her medical advisers. At this juncture, she suddenly took to drinking every drop of her own urine, possibly two or three gallons in the day, which was loaded with sugar. She drank it at first stealthily, and being watched and detected, drinking all immediately after voiding it, and so voraciously and with apparent gusto, we supposed her insane, and adopted measures to restrain her, which she resisted, and begged to be allowed the disgusting draught, in which her nurse and family indulged her, in defiance of our directions, being overcome by her importunity, and

her refusing to allay her burning thirst with any other drink. Finding her improving, and there being no other indications of insanity, she continued to indulge, and within a fortnight all her diabetic symptoms subsided, and with these she voluntarily ceased to drink her urine, and entirely recovered. We never forgot the case, but have not since found any patient who would take the remedy, though they should die for the want of it. Dr. Cabell's case brought ours vividly to memory.—Ed. Gazette.]

Dr. P. H. Cabell, of Selma, Alabama, in an article in the Maryland and Virginia Medical Journal, gives the following account of the successful treatment of a case of diabetes:

The patient, a negro woman, aged 30 years, suffered with the usual symptoms of diabetes—thirst, great debility, progressive emaciation, and passing large quantities of urine. By the various tests, the urine was found to contain sugar.

The remedy was her own saccharine urine, of which she was ordered to drink all that she passed! The woman was cured by this remedy, no other being used. In eleven weeks, the specific gravity of the urine was lowered from forty to twenty-six degrees. The woman stated that the urine, at first, was "not very disagreeable," being slightly acid and sweet, "like lemonade," but as she got better she found it "a bitter dose."

Knowing that sugar had been used with reported success, Dr. Cabell thought that glucose might act better than cane-sugar, and that the glucose prepared in the body might, from some peculiar combination or mixture with the urinary salts, be a compound that would so modify the tissues, organs, and secretions, as to allow them to return to a healthy standard.

No other theory is given for the action of this novel remedy, and it is believed the practice will not find favor with the profession. It would be difficult to find many patients who would take the dose with the same relish as the woman in the case cited.—Med. and Surg. Reporter.

## INVERSION OF THE UTERUS.

[We find in the Cleveland Medical Gazette the following elaborate opinion of that veteran expert, Professor John Delamater, M.D., &c., upon the subject of Inversion of the Uterus. It is a part of his testimony prefessionally required in a pending slander suit before the legal tribunals of Chicago, Ill., in which Dr. A. Fisher is plaintiff, and

a Mr. Stone is defendant. We omit all the deposition except that referring to the sixth interrogatory, viz.:

Interrogatory 6. How many degrees of inversion are there, and how are they distinguished, and when, and under what circumstances and conditions does inversion occur? If you answer that it occurs at various periods, state what are the physical signs, symptoms, and causes of the several degrees respectively at the respective periods of its occurrence, and give the reasons for your opinion; and if any case or cases have come under your notice illustrating your opinion, state the pathology and physical signs and symptoms of such case or cases.

[To this interrogatory Dr. Delamater replies as follows, so far as has yet been published, and if the rest of his deposition possesses equal interest, our readers shall be gratified by its reproduction in a future number. It appears to be a model of medical evidence, worthy of preservation, apart from the merits of the monograph it contains on this important subject:]

### INVERSIO UTERI.

Reply to 6th interrogatory:

Inversion of the womb has been described by some writers as of two degrees, viz., complete and incomplete inversion.

Madame Boivin, and others, have admitted a fourfold division. See a Treatise on Diseases of the Womb, by Mme. Veuve Boivin and A. Duges, translated by G. O. Heming, F.L.S., London edition, 1834, commencing on p. 113.

But I shall take the liberty, in accordance with most English and American writers, to adopt a threefold division, only premising, to obviate misapprehension, that whatever plan of division be adopted, the descriptions will be made to cover the whole subject equally with any other plan of division.

Prof. Fleetwood Churchill, M.D. and M.R.I.A., in his learned and able work on Diseases of Women, &c., republished in Philadelphia in 1857, by D. F. Condie, M.D., p. 270, has the following, which is so much to my purpose that I transcribe it—namely, he remarks: "Dr. Newnham, who has published a valuable monograph on this subject," (namely, 'Inversion of the Womb,') "has spoken of three degrees," namely, "Depression, partial and complete Inversion. With regard to the first, he observes, 'the fundus of the womb is depressed within its cavity, but does not form a tumor in the vagina. The actual existence of this stage of the disease can only be known by introducing

the finger into the (uterus) womb, and by ascertaining the state of the organ by pressure upon the abdomen, (belly.) By the former process the fundus (top) of the womb will be found to have approached the os internum,' (the point of termination of the canal of the neck of the womb in the cavity of the body,) 'and by the latter, a corresponding depression will be observed, instead of that regular contraction which is familiar to every prudent practitioner. This state is generally accompanied by an effort to bear down, by which it is often converted into partial or even complete inversion.' Of course, says Dr. Churchill, so slight a change of the uterus (womb) is only perceptible through the parietes (walls) of the abdomen, (belly,) when the patient has been recently delivered. 'When the inversion is partial,' continues Mr. Newnham, 'the fundus (top) of the uterus (womb) is brought down into the vagina, forming a tumor of considerable size, presenting a semi-spherical form, and closely invested by the os uteri. In this case the depression of the fundus (top of the womb) observed through the parietes (walls) of the abdomen will be considerably greater than in the former, and the edge of the cavity thus formed will alone be left. In the complete inversion, the uterus (womb) will be found not only filling the vagina, but protruding beyond it, resembling in its form the uterus (womb) after recent delivery, only that its mouth is turned towards the abdomen, (cavity of the belly.) The mouth of the uterus (womb) may be felt at the superior part of the tumor, forming a kind of circular thickening at its apex. (upper part of the tumor,) and the uterus (womb) is wholly wanting in the hypogastric region, (inferior part of the belly.) This is usually accompanied with inversion of the vagina."

I apprehend that I am called in duty to mention my conviction, that in some cases of acute inversion the change does not take place according to the order described above as commencing at the top (fundus) by depression, indentation, and this portion of the organ passing successively through the body, neck and mouth; but on the contrary, that in a few instances, it commences at the neck, this part being first forced through the mouth, the remainder of the organ following. I do not say that this view has been stated by writers as having been observed, or that it is likely to be observed so long as medical men are prepossessed with the idea that inversion can only become established according to the usual order above named. I offer my views on this point simply as a necessary inference from the circumstances in which some inversions take place. By the way, it seems

to me fit to remark, that the steps by which inversions become established have been very seldom observed, but have the rather been inferred, from the following considerations: first, that in a comparatively few instances the different and orderly degrees of the change have been really and carefully noticed; second, from the circumstances in which the inverted womb is at first found being such as to leave no occasion for further inquiry on this point; as, for example, when the inverted womb is thrust forth with more or less of the after-birth (placenta) attached to it; and thirdly, and more especially, from considerations drawn from the conditions of the womb, known to have existed. or interred to have existed, at the moment of the accident, and the manner and nature of the forces known, or imagined, by which the change was effected. The greater part of inversions take place in connection with, or immediately subsequent to, the removal or expulsion of the after-birth; and next in numerical order are the cases which occur soon after delivery. In the reports of inversions occurring in connection with labor or immediately afterwards, it is striking to notice how large a proportion of these accidents came unexpectedly and suddenly, taking the practitioner by surprise, and allowing him no opportunity to attend to the steps of the change. In such cases, to clear all doubts about the nature of the accident, the attendant would, of course, feel the belly, not to detect the stages of the change, but to ascertain whether or not the womb was present in that cavity, or absent In regard to those cases of inversion which occur half an hour, an hour, or a day or two after delivery, it is fair to infer that they were favored by relaxation of the organ after it had been ascertained to have been duly contracted. The fact of a tendency of the womb, in some instances, to relax and become flexible after having been fairly and firmly contracted, is well known and generally recognized: but such a relaxation will take place within the first hour after the expulsion of the after-birth, and hence the writers on midwifery enjoin it as a duty of the medical attendant to remain within call of the patient for at least an hour after delivery, not withstanding that he may have ascertained, by palping the belly of the patient, that the womb was in a proper state of contraction, from fear of several different accidents which are liable to arise from relaxation.

It is of interest to notice in how many reported cases of inversion discovered for the first some time subsequent to labor, the reporter of the cases affirms that he had ascertained, by examination upon the belly of the patient, that the womb was in due form and in a proper

state of contraction and firmness after the removal of the after-birth; and it is fairly to be presumed, that in late years, no practitioner of any pretensions to intelligence ever fails to practice such an examination after the close of the labor; frequently he has reason for making such an examination prior to the close of the labor, on account of bleedings from the womb, or of delay in expulsion of the after-birth; and in the cases last named he would not fail to repeat such an examination also after the removal of this body. Such a practice is emphatically urged in the books, and constantly impressed by lecturers on Midwifery, not chiefly for obviating inversion, which is so seldom met with that probably not one practitioner out of forty or fifty has ever met with it, but because such a relaxed and uncontracted womb is liable to favor bleedings of that organ, so profuse as to extinguish life suddenly; consequently the practice is universally received, and I have no doubt adopted as a rule not to be omitted, by all practitioners in that line; of any respectability. And furthermore, I cannot regard it as probable that practitioners are liable to fall into error and overlook, in such examinations, any special change in the form of the womb, provided the organ be sufficiently contracted to enable them to trace its substance and outline distinctly. A fairly contracted womb immediately, and for a day or two after labor, is of about the size of the head of a new-born infant, firm to the touch practiced upon the walls of the belly pressed down upon, and readily wrapping round it; and in that part of the organ accessible by such an examination, it is of a globular form and tolerably smooth; and unless the walls of the belly be extremely thick, as in some fat people, the form and condition of the womb is felt about as distinctly as if it were examined naked as when removed from the body; and after having been felt a few times, to fix in the mind a true ideal impression in regard to it. It would be impossible, as I think, that any impression, like that of the concave side of a tea-saucer, or of a common earthen bowl, could fail to arrest the attention of the examiner instantly, and secure the patient the necessary further investigations. For myself, I have not noticed this state of depression, so constantly assumed, once in my life, nor have I ever heard a practitioner say that he had himself noticed such an event; and yet I have not the slightest apprehension that I have ever overlooked it. I have not usually, to be sure, had the rare accident of inversion particularly in mind, in making such examinations; my single object being, to be sure that the womb was in due state of contraction for securing the patient against several accidents, of which dangerous or even fatal bleedings are the most frequent; and where the patient bleeds to any alarming degree after the womb had been ascertained to be in fair condition, I re-examine, and such I believe to be the universal practice of all tolerably intelligent practitioners.

But to return to the subject of acute inversions of the womb commencing at the neck instead of at the fundus; after a rather tedious digression for the purpose of showing that in a large part of the cases of inversion, the assigned manner of the change is simply an inference drawn from facts positively ascertained in but few cases; in short, that the view taken in most of those cases, is simply an inference from the circumstances of the case, with what is known of the disposition of the organ, and of the character of the forces extraneous to it, of a nature to impress their mechanical impulses upon it; and hence I hope it will not be regarded as unfit that I should declare my own convictions of the various manners of such an accident, as drawn from similar considerations. To proceed, it is known and stated with emphasis by the writers on this subject, that the womb is frequently found. after delivery of the after-birth, in such a state of relaxation and pliancy as to yield readily to any mechanical force impressed upon it, while its mouth is equally relaxed so as to allow the entire organ thus impelled to pass readily through it, and thus to become inverted; the usual forces attributed are pressure from extraneous contraction of the walls of the belly upon all the contents of its cavity, including, in such circumstances, the womb also; the walls of the inferior part of the belly compressing the upper portion of the womb directly, while the walls situated more superiorly would compress especially the hollow and more movable organs, as the stomach and intestines, in such wise as to act upon the womb through them also. Now, since the walls of the belly are necessarily put into special action in almost all movements of the body, and often are brought suddenly into strong action in acts of coughing, sueezing, vomiting, straining at stool, or while voiding the urine, as well as on other occasions, it is obvious that such acts have a special tendency to force in the fundus (top) of the womb, and to establish inversion, and hence many inversions have been justly attributed to such acts; and it is easy to apprehend that in cases where the womb is extended, stretched, as occasionally happens, by accumulations of blood within it being prevented from flowing off by a clot of blood blocking up its mouth, or in case the placenta were still contained within the womb, that the order of the

inversion must be as usually stated; and the same inference would be inevitable if the body and fundus of the womb were contracted, the neck and mouth being at the same time very lax and yielding, as they usually are at the end of labor, and for some time-frequently for days or more—afterwards, though the cavity of the womb were free from all accumulations within it. But there are a few cases in which the womb is very differently situated, especially after severe labors, in which the powers of the womb, as well as of the general system, have become exhausted. Frequently, such a loss of power and action on the part of the womb arises from extreme loss of blood, either during the labor or after delivery, sometimes, notwithstanding that the womb was known to have contracted favorably at the close of the labor; yet falling subsequently into a state of relaxation, extreme bleedings have ensued, and continued until the womb has become as soft and pliable as a wet ox-bladder, while from the entire relaxation, the flow has passed away so freely as to allow of no accumulation within to preserve its cavity and prevent a collapse of its inner surfaces upon one another, insomuch that there may remain no cavity into which the flabby fundus could be depressed. It is evident, as I apprehend, that the process of inversion, in such a case, must be different from the common opinion of it. I have several times passed my hand into wombs situated precisely as last above described, for the purpose of exciting contraction by the stimulus of the moving hand within it; and sometimes have in that way also introduced special agents for rousing it to activity, and revolving such. Cases, in my practice, have occurred where the smallest special pressure upon it could hardly fail to force it down through its mouth, equally relaxed and void of all resistance, as I believe to have occasionally happened. I have said to myself, "It is impossible that in such a case the inversion should begin by depression of the fundus into the cavity of the organ; but on the contrary, that subjected to pressure tending to force it downward, in such a case it would inevitably be crushed into an irregularly folded mass, which must emerge from its narrower mouth in an order commencing immediately above the neck. If the mouth were extremely yielding, and the impulsive force adequate, the whole of the organ would be forced through so suddenly as to render it impossible to trace the order of its emergence by the touch, even though the finger were at the moment within the vagina."

Perhaps I ought to qualify the assertion, that the womb protrudes beyond the vagina in all cases of complete inversion taking place at

or immediately after parturition. Some writers appear to make such exceptions; and some reporters of cases state cases as if the displaced womb had at first been wholly confined within the vagina, and had consequently been overlooked, but that subsequently, in some act in the sitting or standing posture, the womb had been thrust forth beyond that canal, which led to a discovery of the event. It is remarkable, on close scrutiny of such reports, that in some of the cases there had been no preceding symptoms indicative of such a state, while the bearing effort accompanying the final extrusion of the organ, and which, as I apprehend, may have been the sole cause of the event, seems to be wholly ignored in the inference drawn in regard to the date of the origin of the accident. And even where the symptoms seem to corroborate the inference that some displacement of the womb had really existed for some time previous to its external appearance, they nevertheless could not alone afford reliable information as to whether it was previously complete or incomplete. Much of such statements are evidently founded on inference merely; and how much such inferences were modified by the current traditional notion that all inversions must date their incipiency at least from the preceding labor, which to me is clearly an error, it is not possible for me to know. I am apprehensive, however, that if this error were dissipated it would materially change the face of many of these reported cases. disposed to deny, however, that if the womb were very much smaller than usual, as I have in a few instances found it to be, and if the inversion were effected silently, without strong bearing-down effort, and especially if the patient were at the time chiefly in a recumbent posture, that an inverted uterus might possibly be confined wholly within the vagina, though the inversion were complete. If the displacement were effected gradually, so as not to be fully consummated before the expiration of a few days after the labor, such a condition would be frequent. The usual fact, however, is as I have first stated it: the nterns in such circumstances protrudes more or less beyond the vagina.

In those cases of complete inversion of the womb which do not occur till ten days or more subsequent to delivery, as well as those which follow abortion, or any other condition in which the womb is not greatly developed, the inverted womb might not protrude externally beyond the vagina.

The chief circumstances in which inversion of the womb may take place, are, 1st—immediately after delivery, and especially after a very sudden delivery, and all the more readily if the patient were delivered while upon her feet. 2d—A few days after delivery; some-

times, probably many days, perhaps several weeks after delivery. In some of the reported cases, discovery of the existence of inversion was not made till several years subsequent to child-bearing; and 3d—Inversion may take place very gradually, in consequence of a polypus attached to the fundus internally, the patient not being pregnant; and also in cases of development of the womb from other causes independent of pregnancy.

In regard to the immediate (proximate) causes of inversion of the womb, I remark, 1st—that it is generally conceded that there is full proof that some instances of this kind are without showing appreciable cause.

I am aware that medical gentlemen speculate and put forth conjectures with regard to the special agencies by means of which the event is consummated; as, for example, some attribute the accident to undue relaxation of the organ, and others to irregular action, some portions of the womb being in a state of active contraction, while other portions are in a lower state of action, or in a state of inaction and relaxation; others suppose the womb to be in a state of relaxation, and that a strong bearing-down (straining) effort of the patient may invert it. Some have assumed a bearing-down action of the fundus and vermicular annular contraction of the body and neck, as solving the inquiry. Inversion has also been attributed to undue tractions made upon the umbilical cord (navel string) for the purpose of detaching the placenta from the womb, while this organ was in a state of relaxation, as the chief cause; and doubtless inversion has occasionally been effected in this manner; but such a consequence of tractions upon the cord is, I believe, far less frequent than has been imagined.

Professor Churchill, in his treatise on Diseases of Women, already alluded to, remarks at p. 374, in reference to this point, as follows: "Forcibly pulling the fundus (cord) for the purpose of detaching the placenta, may, perhaps, under certain circumstances, give rise to this accident, namely, inversion of the womb, but it is a rare occurrence." I have myself been acquainted with quite a number of cases in which the cord was ruptured without inducing inversion.

In many of the Eastern sections of the country, the practice of midwifery was, at an early period, principally in the hands of uneducated women, whose chief resource, in all cases of delay of the after-birth, was pulling at the cord.

I have myself had considerable opportunities in earlier life for knowledge of the practice of these midwives, and to be persuaded that nothwithstanding many evils resulted from their want of skill, inversion of the womb was not, in any marked degree, one of them.

To render tractions of the cord effective in procuring inversion, the womb must be generally inactive and relaxed, or at least the neck and mouth must be relaxed, and the placents upon, or near to, the fundus of that organ; and moreover, the tractions must be sudden and strong. unless the womb have wholly lost its excitability, so as to be in a state of absolute inertia, which is extremely rare; otherwise, if the tractions be first gentle, though afterwards forcible, the womb will be roused to activity and become tense and stiff, by means of the gentle preliminary tractions, and inversion will consequently be averted. But a coincidence of all the circumstances indispensable to give efficiency to this cause, will very rarely occur. Nor would it often be easy in a case of inversion, where tractions of the cord had really been practiced, to say how far the unhappy event was to be attributed to these tractions. I do not believe, however, that such tractions are entirely innocent or free from danger of promoting inversion, but I feel sure that even when they do so, they are operative only in concurrence with other causes.

And finally, in admitting that the various suggestions above named, in reference to the immediate causes of inversion, have some foundation in fact, I am compelled to admit also, that our positive knowledge of the precise influence of each or several of them combined, is so limited—so much of the character of hypothesis—as to suggest some caution in our manner of stating them. And considering that inversion is so very rare, and in nearly all instances has already been consummated before the attention of the practitioner has been called to it, and that when even by a still rarer chance, he has been permitted to witness the steps of the change, he has been taken so much by surprise, and the process itself has mostly been so sudden and brief, it ought not to astonish us, perhaps, that the Pathology is so unsettled, and the rationals of the process is still incomplete.

In complying with the call for the symptoms of inversion of the uterus, I shall take liberty to notice first, the symptoms which attend acute inversion, or inversion taking place along with the last stage of labor or soon afterwards; the displacement being in the second or third degree, according to the definition of those degrees above and usually given.

These symptoms chiefly consist in a sensation of weight and dragging in and about the pelvis, loins, and inferior parts of the trunk of the body; often there are severe pains referred to one or more of the same regions, as well as to the back; and usually, though not constantly, there are profuse bleedings, (floodings,) which may be very alarming, issuing from the genital passages. At the same time there also occur faintness and sinking, or even complete, and may be, repeated and prolonged syncopes, (absolute faintings,) with loss of consciousness, loss of pulse, &c. Often there is also vomiting; less frequently, complete or incomplete loss of power to expel the urine, and occasionally convulsions; and when the floodings and symptoms of sinking are extreme, death may supervene very speedily.

The number and intensity of the symptoms above named will be modified by the constitution of the patient, and the degree and suddenness of the inversion.

To the symptoms above named should be added the physical signs described in the definition as above given by Mr. Newnham of the different degrees of this kind of displacement of the womb.

But in regard to the symptoms of inversion above named, in distinction from the physical signs, it seems necessary to remark that not one of them, nor all of them combined, would afford conclusive evidence of the presence of inversion. Thus bleeding, (floodings,) even profuse and dangerous, are not very unfrequent after labor. Faintness, faintings, and even syncope, are not very uncommon in the same circumstances. Such faintness, faintings, &c., are common incidents of great loss of blood from any cause, but they sometimes attend and follow parturition independently of either great losses of blood or inversion of the womb.

A moderate degree of weakness and languor, immediately or soon after the termination of parturition, is indeed the usual and perhaps normal condition; and where these symptoms are a little more severe, they are not regarded as particularly alarming; but in some instances this nervous shock, as it is denominated, is so urgent as to be followed by dissolution as speedily, or even more so, as from the most profuse losses of blood. From such sinkings, (nervous shocks,) when mild, patients recover speedily; but when severe, even though not in a degree to be fatal, the patient may lie for many days in a precarious condition, rallying but tardily, and remaining the subject of weakness and nervousness for many weeks, or for many months even.

A sensation of weight and dragging in the pelvis, groins, and in the loins, and also of pain in the back, and difficulties of various kinds in voiding the urine, are familiar effects of mere bearing down of the

entire womb to a lower and unwonted position in the pelvis, (prolapsus;) and similar symptoms are apt to attend diseases of the mouth of the womb, the vagina, the bladder, or the lower bowel; and occasionally, in any of the diseases last named, there is observed coincident losses of blood from the womb, attended also by weakness, sensation of faintness, with disturbed digestion, &c. I repeat, then, that there are no symptoms, nor sets of symptoms, absolutely peculiar to inversion. Sensations of weight and dragging about the pelvis and loins are most significant, and when obstinate or attended by other grave symptoms, call for special investigations; but in themselves they afford no ground for any conclusive opinion in regard to their cause. The physical signs, that is, changed form as felt at the abdomen and vagina, alone afford the only basis for a relible judgment in regard to the presence of inversion.

In cases of depression of the fundus merely, as defined above, the symptoms will be influenced very much by the extent of the depression. If the depression be slight, there may be no well-marked symptoms; and the womb may spontaneously recover its normal condition; but when the depression is more considerable, the fundus being pressed deeply into the cavity and upper portion of the neck, the symptoms may be more marked, consisting in bleedings from the womb, with weakness and faintness, pain and sense of weight in the pelvis, disturbance of the digestive organs, &c. But if the depression had commenced a week or more after parturition, the symptoms may be slight and indefinable. In acute cases of partial or complete inversion, the symptoms, although severe at first, if the case do not prove (immediately or somewhat more remotely) fatal, will gradually mitigate, and come to consist principally in tendencies to recurring, but moderate. may be profuse, bleedings, with constant disposition to copious mucous and watery discharges from the vagina; and for the most part there will be sense of weight and dragging about the region of the pelvis. with disturbance of the urinary organs; there will also be a tendency to dyspepsia and nervousness, with weakness. In some cases, however, these symptoms so far subside as to allow the patient to enjoy a tolerably fair state of comfort and of general health for many years. Cases are reported in which the patient survives 20 or 30 years with well-ascertained inversion. There are, however, a few cases of inversion, which are never attended with the more characteristic symptoms of this affection, such as weight, dragging, urinary disorders, &c.: but such cases chiefly take place, or are detected, at least, at a period considerably removed from the preceding labor.

#### EDUCATIONAL REFORM.

An Essay on Medical Education, read before the Medical Association of the State of South Carolina, at the Annual Meeting in Charleston, February, 1860.

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A new era in preparatory study for the medical profession is indicated by the deliberations of the professors in the different schools, and by the agitation amongst the physicians in various sections of our country. In what the deficiency of the present curriculum consists, is of paramount importance to be ascertained definitely, previous to the enactment of any radical measures of improvement. To make changes without obviating the existing difficulties, would involve the profession in doubt as to the efficacy of any modification of the course now pursued with students, and hence it is incumbent to mature a plan of instruction, with its several details adapted to the wants of the age and the advance of science. At the period of organization with the earliest Colleges in this country, the higher attainments in medical knowledge were limited to a comparatively small number of the profession, and those who were selected as teachers became prominent. The doctrines and views which they inculcated were received by those in attendance upon their lectures as the unalterable decrees for their guidance in practice, and, accordingly, they went forth impressed with the importance of the facts and principles with which they were to combat disease. The most pertinacious adhesion to the instructions of the school was manifested by our earlier medical men, and this dogmatical confidence initiated a routine course of treatment which was little else than empiricism. That which is received without reasoning, cannot be overturned by the most cogent arguments, and no appeal to results is sufficient to destroy the faith of those who are so infatuated as to receive doctrines as authority. A want was supplied by the schools of medicine which the scarcity of medical books and other means of investigation rendered necessary, and what would have required years to be acquired alone, was obtained in a few months' The plan of instruction pursued attendance at a school of medicine. by private practitioners was of the most direct nature, as the pupils were usually taken round to visit the patients, and sometimes three or four would join the preceptor and ride about to the various points where the sick were located over a sparsely-settled country. Thus the disease was seen and the treatment was noted. Such clinical instruction had its advantages, but without any proper diagnosis of the existing malady, or any thorough exploration of the patient. The pupil could

not appreciate the application of the measure of treatment, and was, consequently, led into empiricism. Because of certain estensible features, certain articles of medicine were given, and since indicated in all apparently similar conditions of different patients.

A great change is to be observed now as to the means of instruction, and the arrangements for imparting a knowledge of medicine, yet pupils do not really profit as they should do by the schools, or the private teachings, and it becomes us to inquire what are the obstacles to improvement. Is the difficulty in the organization of our Colleges, and the want of attainments on the part of our professors, or is there a deficiency in the elementary study which is undertaken with the private preceptor? While we are not prepared to allow all the responsibility to rest upon the instructor, who receives students of medicine into his office, it will be appropriate to look into this source of failure at the outset. A rudimentary knowledge of any subject is requisite to prosecute its higher branches, and it is in the private office alone that such thorough acquaintance with details can be had by the student of medicine. It is hence necessary that the text-books should be carefully selected by the preceptor, and the progress of the pupil should be attended with explanations, and with examinations of a nature to fix the attention upon important points of the different departments of study. The course at present pursued in many private offices as to students of medicine is most lamentably inefficient, and the time has arrived when improvement is imperatively demanded in the course of elementary instruction; either let practitioners decline to receive pupils, or determine to do their duty as preceptors.

The practice of medicine is no longer a blind empiricism, but rests upon relible deductions from experiments and observations of scientific men. Precedents in every department have been established by the most careful clinical experience, and a vast accumulation of data now presented for the study of disease. Physical explanations are reduced to an accuracy which enables the physician to diagnose the internal changes of the different organs as readily as the various conditions of superficial parts. The mere name of a disease is not taken as an indication for treatment, but the symptoms of each individual case are regarded in connection with the constitutional tendencies, and the collateral circumstances under which the disorder is manifested. Hence the importance of enlarged views as to the organization and susceptibilities of the subject. To be prepared for treating properly any complicated case necessitates a thorough knowledge of anatomy.

physiology, pathology, and therapeutics. These are dependent, again, upon Chemistry and Materia Medica, as included under the study of Botany. And as the basis of all, it is important, if not essential, that the ancient languages should have been properly understood before entering upon the study of medicine. This preparatory education is requisite for mental training as well as per se.

The true basis of professional merit consists in the properly elementary attainments; and without the ground-work is well laid down, it is not to be expected that the superstructure will be of a substantial na-It is, therefore, incumbent on the private preceptor to require a certain proficiency of scholarship on the part of the applicant for his instruction as a pupil in medicine; and if this were more rigidly insisted upon, the standard of professional attainments would be proportionally advanced on the part of those who graduate in our schools. have good material to start with, and there is a better prospect of giving it a good polish when our labor is bestowed upon it. There is, however, a radical difficulty to be overcome, in the prevalent disposition of young men to rely upon a certain routine of presence in an office for a time, and subsequent attendance on the Lectures in a College, without an energetic improvement of the means of knowledge which are presented to them. It seems to be the impression that study is unnecessary to prepare for the practice of medicine; and while the term medical student implies the contrary, we find that but few are properly entitled to this distinction. A change must be brought about in this respect before our pupils can receive the full benefits of instruction, and it is the imperative duty of private preceptors to inculcate habits of industry and attention upon those under their tuition. The most efficient means for securing this result, is to set apart lessons in the text-book, upon which they shall be required to recite at regular periods, and make the examination searching and thorough, so as to elicit what may be known, or to expose ignorance of the subject. A few young men will resist even the best-directed efforts in this way, and become indifferent to every stimulus which may be brought to bear upon them; yet the majority will manifest their appreciation of the ordeal by being in readiness subsequently to respond understandingly ' to the questions propounded.

It is not only by the regularly conducted quiz that pupils should be examined, but on any occasion when a question may be suggested, it is useful to have the attention directed to some special point of the department in which he is engaged at the time. A particular ana-

tomical region, a surgical relation, a diagnostic indication, a practical measure, a pharmaceutical compound, or a specific formula-any of them may be impressed by an extemporaneous question from the preceptor, and, indeed, is better recollected by the pupil than in any other way. With this view, the clinical attendance of advanced pupils with a preceptor is highly advantageous, as he is then able to point out the symptoms of disease, and the indications for treatment, with particular remedies adapted to the case. The rounds of the prescribing physician in our hospitals supply to some extent this element, but the throng which usually attend on such occasions effectually precludes any from receiving its advantages; and at last the student who really derives information, must avail himself of a more private opportunity to study disease at the bedside with his instructor. ordinary examinations and prescriptions which are observed in an office may be so conducted as to be very useful to the student, and all such instances serve as texts upon which the preceptor may dilate after the patient has been dismissed.

One of the important features connected with office pupilage is the opportunity of seeing a variety of diseases, and knowing what treatment is addressed to each; but without some explanation or illustration on the part of his teacher, it might not avail for practical uses; and a series of cases passing under review would but tend to confuse the mind by the multiplicity of data, without a just appreciation of their relations.

With such comments as it is practicable for the private teacher to make upon the cases presented to his pupils, all the bearings of the disease and treatment may be comprehended, and thus it becomes the most valuable opportunity of improvement to the medical student. Of course there must be a readiness to learn, or the best teaching is unavailing; and hence it is important that young men in an office should manifest a disposition to receive these practical lessons, by giving strict attention to all the interrogations of patients, and modes of exploration of diseases, on the part of the instructor. There is a tact in eliciting the important points of a case by the physician, which is only to be learned by close observation of the student in the progress of the examination, and the manner in which questions are proposed is * often quite essential to getting a thorough insight to the nature of the This is more especially of consequence in the interrogation of females, to whom it is supposed that we must manifest some peculiar reserve, and thus incur the risk of not being understood; or by a

false delicacy on their part we may fail to comprehend their answers. Under such circumstances, it becomes us to use our best discretion in getting at the facts, and a student needs to be indoctrimated in the phrenology and the various processes of conducting a proper examination of the patient or nurse.

The practical benefits of the attendance of the student on the office of a practitioner are in no respect more manifest than in the pharmacentical department, and in putting up prescriptions for particular It is of much moment, in this point of view, that the preceptor should keep his own medicines, and have all the various preparations made by his pupils. A proper knowledge of the mode of extracting the virtues of the cruder articles can only be attained by resorting to the appliances which are requisite for this purpose; and it is no mean accomplishment to be able to afford a good tincture, decoction, infusion, or other extract of the active properties of medicines. gesting this as essential to the elementary training of those who are looking forward to the medical profession, I would not disturb the relations which should subsist between the apothecary and the physician; but there will be quite sufficient employment for our students, independent of the appropriate business of the druggist, and I would insist upon a knowledge of pharmacy in a more systematic way than in the office of a practitioner, if it were at all times practicable or available for the student. The occasions are very numerous when it devolves on the physician to determine the quality of medicines, either simple or in combination; and to be fitted for this, it is requisite that he should not only be acquainted with the articles of the materia medica in their crude form, but that he should know how to recognize them in their various combinations. The tests for vegetable and mineral elements become, therefore, necessary to the practitioner, and no student should be sent forth without a knowledge of the general subject of analysis, so as to ascertain the components of any formula which may require examination.

The main point, though, which I desire to bring prominently into view here, is, that the information obtained by the student in making up the prescriptions of his preceptor is immediately available when he enters upon the duties of the physician. He gets to understand the indications for a particular formula, and he has the dose unprepared upon his mind, as well as the general process by which the combination is effected. It is a striking peculiarity in reference to the knowledge acquired in this way, that it is more useful than when obtained

from the perusal of a set treatise on practice or therapentics; and the true explanation is, that the attention of the pupil is concentrated upon this special point, thereby appropriating it more completely as a part of the furniture of the mind. We find this feature illustrated in the readiness with which nurses catch up the application of the different medicines used in practice, as compared with the bungling resorts of those who have undertaken to read some medical work on a particular disease. The former has noted the symptoms under which the prescription was made, and under the same circumstances is competent to apply the remedy; while the latter mistakes the description of the case, or its stage, and fails to adapt the right measure to its treatment. Hence the impropriety of unprofessional persons undertaking to employ remedies from their own reading of books treating of the disease, and in like manner is it inconsistent for one in practice who has relied alone on such sources of knowledge in his profession. He may have a most thorough acquaintance with the science of medicine, and vet be utterly unfit for the practical duties of the physician. How many students of medicine are able to distinguish Scarlatina from Measles after reading and studying close the distinctive features of these eruptions? And yet an ocular demonstration of the difference between them enables any one to diagnose the disease readily. The same difficulty exists as to the indications for particular means of treatment. Symptoms may be detailed with the greatest precision, and yet not throw so much light as a few remarks of an instructor in connection with a personal examination of the subject of disease. it is in every branch of study, even in Anatomy: the various divisions into which the skeleton is arranged, the regions of the thorax and abdomen, the processes and cavities require the services of a guide to lead the student safely through them.

Thus it will appear clearly that the demands of the student of medicine for a private teacher are of the most urgent kind; and with this point established, we may again turn our attention to the proper discharge of such office by our practitioners. It is not incompatible with such duties as are required in the practice of our profession to bestow a fair measure of attention upon office pupils; and it is, in my view, a requisite for success in teaching, that patients should be received and prescribed for by him who undertakes this work. There is no physician, however large may be his sphere of practical duties, but may, and does, have more leisure time than is requisite for superintending an office class, and all spare moments in office hours may be

profitably spent in practical lessons to his pupils. I have no faith in that very common excuse of not having time to do this, or do that, which is required of us, as more time is spent in making it than doing the work.

A systematic apportionment of duties is the great time-saver, and he who has a time for everything, is very apt to get everything done properly. Again, it may perhaps be laid down as the rule, that he who accomplishes most, does all most completely. If we have but little to do, our nerves become unstrung, and there is an impairment of energy in the performance of the few things which devolve upon us, causing them to be done badly. But let our energies be aroused by the increase of demands upon us, and we not only do what is before us more promptly, but in a more efficient manner. If I have but few patients to visit in the day, some of them are more apt to be neglected than when my list is full, and constant attendance is requisite to keep up my work. So it is, I doubt not, in the experience of every physician engaged in practice; and I must think there are few who may not devote an hour of their time to students out of every twenty-four hours. Let it not be said, then, by those who receive young men in their offices, that they cannot find time to hear them recite, or that they cannot make it convenient to explain difficulties which may be encountered by them in studying the text-books. Away with such subterfuges, and avow that want of appreciation for the duty which is the true source of failure in all such instances. establish a proper system of private instruction, medical men must come to the work with a devotion to the great interests of the profession which will not be frustrated by apparent difficulties. They must be fully competent themselves, by high attainments in professional knowledge, and they must be willing to labor assiduously in imparting knowledge to those under their charge. No practitioner, perhaps, is entirely prepared to enter upon the business of teaching, without some preliminary attention to the subject; and, indeed, all engaged in this field should feel it a duty to review the ground which is gone over by the pupil, so as to conduct an examination with satisfaction to himself, and with profit to the student. To become acquainted with the general scope of the book in hand, is not sufficient to warrant an elucidation of its details; and as I have claimed time for entering upon this work, let me claim enough to give such attention to it as will insure the best result. A very cursory glance over the text-book, previous to each recitation, will enable the preceptor to address his questions

to the most important points, and will assure the pupil of his readiness to perform his duty in such way as to elicit what is known of the subject. Everything which may inspire zeal on the part of the pupil, should be resorted to by the preceptor; and there is nothing better calculated to effect this object than to perceive an interest on his part in the work, and to find that he is disposed to recognize the claims of his pupils to a share of his time and attention.

Punctuality in meeting his class when there are no pressing engagements to prevent, will insure punctuality in their preparations, and will make them feel the importance of the object before them. It is not every one who is qualified to practice that is fitted to engage in teaching; but those who do undertake it, should go on with the spirit of pioneers, who have to open up the way for those who follow. We need very much private preceptors who are willing to labor for the cause of reform in educating young men for the medical profession; and it is very desirable that a systematic course should be adopted to elevate the standard of instruction in our offices where students are received. There is a great responsibility resting upon practitioners in this regard; and while so many come short of the mark, it cannot be out of place to propose some plan by which the difficulty may be met and remedied. In the first place, it is obvious that those who do not expect to give the necessary attention to students should not receive them in their offices. Next, it is desirable that a sufficient number of young men should be in an office to be a stimulus to each other, and to warrant the preceptor in making arrangements for their proper instruction, not only in the matter of time, but in the materials for illustration, &c.

These two considerations being recognized, it will be perceived that the number of private teachers must be very materially reduced; and what is lost numerically, will be gained in the special qualification of those who then enter upon the work of teaching. A young man will then realize that the relation of preceptor and pupil carries with it reciprocal obligations; and while the high trust of the former is faithfully discharged, we may calculate that the latter will not be so wanting in appreciation of the efforts made as to altogether neglect the opportunity for his own improvement. Let, then, those who do not desire to teach, decline altogether to receive students; and let those who intend to give their attention to this branch of duty, indicate such disposition, and make all needful arrangements for the accommodation of pupils, and for illustrating the various departments of study.

The private Course of Lectures and Schools which have been organized are not at all incompatible with the plan here suggested, and yet they do not meet the want that is experienced for special personal tuition, such as is given by a private preceptor.

It is the immediate contact of teacher and pupil which is secured by this relation, that attains the best results of instruction, and whatever may be desirable after the completion of this, it cannot be dispensed with as a preliminary feature of a medical education. of a young man going to attend a course of medical lectures without such a preparatory study in an office with a regular preceptor, is simply incompatible with a proper understanding or appreciation of the valuable matter which is presented. In our Colleges it is very generally taken for granted that the pupil has obtained a rudimentary knowledge of the facts and principles; and, indeed, it is a requisite that he shall have engaged for three years in the study prior to application for a degree, which implies at least one year of study before attending the first course of lectures. If these reasonable expectations were fulfilled by students in a bona fide form, there would be no object in urging the views I now have to present; but the fact is, that few at the present day come up to the requisition of the schools as to the duration of study, and fewer still are prepared, when they first go to attend lectures, to profit by them. The time is of little moment when not properly improved, and the great consideration is to have the preparatory knowledge of medicine. For this purpose, I claim that a more definite and systematic course of private instruction is imperatively demanded; and with this view I would have those who are not inclined to teach relieved of all responsibility of pupils, while those who are willing and ready to engage in it, should be prepared to meet the responsibility of preceptors in all its bearings. Let the trust be imposed on those who profess a disposition to bear it, and they may then be held to account for the results. As a test of the efficiency of such instruction, there might be established a jurisdiction, to which all students should be referred, previous to entering the Medical College; and to render this available, it should be entirely disconnected with the Faculty of the College. By this arrangement, the embarrassment of a preceptor in giving a certificate as to his own student would be obviated; and, indeed, this has never been done except as to the duration of his attendance in the office; and now the Medical Colleges do not even require this very unsatisfactory testimonial to be presented by the applicant for their course of lectures. There is such a growing

desire to have large classes that no obstacle is presented to any one who has the fees to pay for his tickets, and it is with deep concern that I have heard of inducements being held out by a kind of stockjobbing arrangement to lower the prices of tickets when a number are The tendency in this direction which is manifested by those connected with the Medical Colleges, should be at once arrested, and no more effective measure can be desired than to require students to pass through such an ordeal as the one proposed before being admit-It will make their attainments in the elementary department of the profession the criterion upon which the issue shall be decided. Thus the pupil and preceptor will both have a stimulus to exertion from the outset, and the fruits will soon be apparent in a more elevated standard for graduation. Some have supposed that reform in medical education must commence in the higher department and descend, but there is no hope of anything useful being effected in appeals to the Faculties to make examinations more stringent, while it gives éclat to have a long list of graduates go forth from their schools.

It is no part of my aim to stigmatize the professors in Medical Colleges, for I am gratified to recognize many of the very best men of the profession filling chairs of responsibility and usefulness. are disadvantages connected with their positions in reference to any measure of reform in the standard of graduation, which I would hope to reach by a different channel; and though I know full well that this is a subject of much delicacy, it may be allowed me here to say that a change in the course pursued is requisite for placing the profession on the basis it should occupy. Much is to be done by the pupil, and much is to be done by the private teacher, in effecting a reform in medical education; but the crowning work is at last to be done in the Medical Colleges, which confer degrees upon those who are to go forth as exponents of their views and doctrines. Having adverted to the requisites for prosecuting successfully the study of the rudiments, and having proposed a definite plan by which the progress of students may be determined prior to being entered for a regular course of lectures in the Medical Colleges, I may now, with propriety, advert to the changes which are indicated in this supreme tribunal of the medical profession.

Our own State Medical College must be recognized as an important agency in elevating the standard of medicine, and it behooves us all to scrutinize closely everything which can in any way retard its efficiency, either in the nature of its organization or in the material which enters

into it. It should be our aim to make it worthy of the patronage of our young men, and I am sure that it would make every physician proud to see the equipment of this institution complete in all respects. We would like to see here specimens suited to the illustration of every phase of medical teaching. We would like to see that zeal and thoroughness on the part of our professors which should command the respect and secure the confidence of those who are preparing students for attending lectures. It will not do, at the present day, for those who undertake to guide others in medical science, to content themselves with pointing out the old land-marks, but they must keep up with the explorations of the day, and must improve upon such developments by their own investigations. If professors are incapable of prosecuting their inquiries into the regions where the improved methods of science have revealed important facts, who is to be considered competent for this work? The most enlightened men of the medical profession should occupy the position of teachers, and none other than the first order of merit should be recognized. The chair of a professor is not to be filled as an office—from considerations of favor or affection for the aspirants—but from a thorough canvassing of their attainments, and their fitness to give instruction in the department for which the professor is wanted.

But how does the supply answer to the demand, is the great concern for us, and it behooves the practitioners and members of Medical Associations to take such steps as will lead to a thorough and efficient performance of duty by our professors. They should not only have the capacity, but they should manifest a promptness to discharge their obligations as teachers; and it is not saying more than every true friend of the profession will sanction, that no physician should remain in a chair where he is either unable or unwilling to respond to the claims of advancing science. Give us a high-toned, well-educated, and energetic faculty for our Medical School, and progress must be our watch-word. This great desideratum being supplied, it behooves us to set about a reorganization of our institution for medical teaching; and I trust all are sufficiently impressed with the need of improvement in this respect.

The great fundamental difficulty of the plan now pursued by most of the Medical Colleges consists in compressing too much work into a short space of time. Neither the professor nor student can accomplish what is desirable under this regime, and while the former labors under the disadvantage of hurrying through his course, the latter must

appropriate but little of the varied materials which are presented to him in a number of lectures on different branches daily. It is one of the essentials for acquiring knowledge, that the mind should appreciate the relations of different elements, and should arrange and classify the ideas conveyed, by the instructor; but this is utterly impracticable when there is a multiplicity of subjects brought to the attention in close connection with each other, and the effort to cram the intellect under such circumstances only serves to oppress it.

The plan at present pursued, then, in our Schools must fail in securing satisfactory results, and from the large number of students who attend the lectures in many of the Colleges, there is but little prospect of deriving benefit from the meagre clinical opportunities presented.

A division of labor in reference to the stage of advancement with students is greatly needed in our medical organizations, for it is impracticable to communicate knowledge by the same course of lectures to those commencing the study of medicine, in common with those who have made considerable progress; and though requiring much discrimination in apportioning departments, it may be done to advantage by our teachers. I would recognize the preparatory course as a prerequisite, to be supplied by the private preceptor, and it is only through this that any should be admitted to the privileges of the School conferring degrees. On entering such higher institution, his progress should be gradual; and the course which has already been proposed and inaugurated in the Lind University, at Chicago, is, to make such a division of lectures as to constitute a Junior and Senior course, adapted to the first and second term of attendance.

This is most assuredly a step in the right direction, and the principle is correct, however it may operate at the outset. If medicine can in any sense be regarded as science, it must be studied in its elementary branches previous to undertaking an investigation of its more recondite elements; and the plan of setting apart a course of teaching adapted to impart this rudimentary knowledge at the commencement of the course, is certainly most in accordance with this view; while the subsequent period will be much more successfully devoted to the higher departments to be taught in a second course of instruction. For this plan to succeed, the branches of study require to be judiciously arranged, and it is requisite that a thorough system should prevail throughout the different schools.

The necessity of a uniform standard being recognized by the different institutions, will result from the fact that very often students may desire to attend one course in one school and prefer to take the second course in another; and if the division of subjects did not correspond in these schools, the plan of study would be deranged. There must, however, be an inauguration of the process before a general adoption of it can be effected; and for the purpose of giving the subject a tangible character, I here submit that division of branches which seems to my mind best adapted to promote a thorough comprehension of the various departments of medical science: First Course—Chemistry, Materia Medica, and Pharmacy, Anatomy and Physiology. Second Course—Obstetrics, Surgery and Practice, with clinical attendance and observation in each.

With such a programme for each course, that three lectures daily shall be delivered, and references given to text-books which students may consult in the intervals, the time should be extended to nine mouths for a single term, so as to impart thoroughly a knowledge of the several subjects. By the adoption of some plan to acquire the profeciency demanded for entering upon the duties of the practitioner, our Medical Schools will fulfill their obligations to the world; and nothing short of this systematic training in the rudiments, and subsequent indoctrination of principles and practice in the several departments, can thoroughly furnish the students with resources for combating diseases.

The present arrangement for lectures in our schools does not prove efficient for imparting useful information, from the fact that sufficient time is not allowed for the consideration of one subject before another is thrust upon the attention; and thus the mind cannot properly digest and assimilate what is presented to it. To derive benefit from instruction, the act of appropriation is requisite; and for this time is indispensable, to analyze and arrange the matter in a form available for The topics presented in three different lectures, at convenient intervals, may receive that deliberate consideration which is demanded for understanding all their bearings, and more than this cannot be undertaken in one day without materially impairing the whole mental operations of the student. He who attends medical lectures simply to secure a diploma, can hear a dozen a day as well as three, if he is comfortably seated; but that he derives any considerable advantage from such attendance will not be claimed, and the extent to which this increase of hours can be carried without detriment, falls far short of the present allotment in the sessions of most Medical Colleges.

If it is intended by our schools to teach in the most effectual mode

those who are preparing for the medical profession, there must be a change in respect both to the number of lectures in a day, and the length of the sessions, as well as a division of the branches to suit the stage of advancement of the pupil.

The points adverted to in this paper should be considered in reference to the present movement for some reform on the part of the Convention of Medical Teachers, and the appointment, at the last meeting of the American Medical Association, of a committee to confer with a committee of that Convention, as to what measures may be practical for elevating the standard of medical education; upon which a report is to be presented at the next annual meeting.

I would suggest that those who had gone through a preparatory course of study with a private preceptor, should be examined before admission to a regular course of lectures, by a committee consisting of the Presidents of the various District Societies, and that those who had pursued a course of study in one department of the College, should be examined by the faculty before proceeding to the higher department, while the applicants for graduation should be examined by a committee or board appointed by the State Association. Thus relieving the parties engaged in teaching of the responsibility of deciding upon their own work, while every portion of the medical organization could have a representation in the matter of education, and serve mutually as checks upon each other.

If it is claimed that this proceeding would be attended with trouble and expense, I answer, that sacrifice must be made to attain the best results.

My endeavor has been to indicate the demand for a better regulated system of private instruction, and to delineate the means by which this may be accomplished—to suggest a test also of proficiency on the part of pupils, by the organization of a board of examiners, who shall determine whether they are fitted to enter and attend with profit upon a course of lectures in a Medical College. The deficiencies of the recognized curriculum have been likewise pointed out, and the importance of a change insisted upon, which shall prepare the pupil for the duties of his profession in a more thorough manner, viz.: a division of the branches, so as to adapt the elementary subjects to the beginner, and the more abstruse to the advanced student, with a modification of hours, so as to have but three lectures a day, at convenient intervals, in each course of instruction; and to make the term nine months, thus giving an opportunity for that thorough study which is precluded

by the present crowding of many topics upon the mind in a short space of time.

A part of the plan having been put in operation by a recently organized institution, it behooves those who would urge forward the work, to agitate the subject at this juncture, when medical education is arresting the special attention of the profession throughout the land, and every influence should be brought to bear in the right direction for the settlement of the controversy on a proper basis for the future.

### DOG EAT DOG.

The Philadelphia Medical Reporter has scared up a new idea. He thinks the American medical profession, through their convention to revise the United States Pharmacopœia, should legalize a series of quack medicines, to satisfy the demand of a drug-swallowing people. It does not seem to occur to him that lying and puffing have to make the throat straight for the swallowing. He ought to have suggested that a fund be annually raised by the American Medical Association to pay for puffing and advertising, and that a committee of venders and peddlers be duly appointed. The ball, once put in motion, would run as glibly as the tongue of a new political convert. The Association would be reimbursed annually from the sales of the nostrums, and twenty thousand physicians find employment and bread in peddling quack medicines. The thought is not exactly an original, to be sure, but then it is not the less valuable on that account. One of the "Merry Wives of Windsor" discovered that if "she would only consent to be damned an eternal moment or so, she might be knighted."

The Reporter has already made one convert. The American Medical Monthly says, in alluding to the Reporter's idea, that "We have always believed that quackery was to be met by the LEGITIMATE use of the very means employed by the quacks themselves." He has always believed it! Always believed that puffing, and lying, and cheating, and swindling, and robbing of God's afflicted people was the true plan for a philosopher and Christian gentleman to meet puffing, and lying, and cheating, and swindling of God's afflicted people! If your neighbor steals Tom Johnson's horse, for you immediately to steal Tim Jones' mule. But then he says it first must be made "legitimate."

We have not a word to say. We are like the countryman, who, having upset his watermelon cart in ascending a rocky hill, stood

silently contemplating the luscious fruit rolling and bursting below. When the last and largest had deposited its bruised entrails at the base of a boulder, and all was lost, he broke silence:—"I would cuss," said he, "but what's the use? Even cussin' couldn't do justice to the occasion."—Nashville Med. and Surg. Jour.

#### M. LESCARBAULT.

It is with feelings of the most intense admiration that we write these lines to tell our readers what we have learned of one of Nature's A few months since we chronicled the discovery of a new planet, having its orbit within that of the planet Mercury. We have now to tell of its discoverer. Who is he? One of the great European astronomers, reclining on the luxurious couch, with his gaze directed upward, aided by the most perfect instruments that art and science can contrive, in a building as steady as the live rocks from which it was hewn, and surrounded by every appliance which human skill has contrived? No. He is a poor man, living in extreme poverty, and carrying on a laborious medical practice in the country, among people hardly able to pay him at all, and few of them able to pay in cash. Here this man whose name is at the head of the present article, prompted by the genuine love of science, has overcome the grandest obstacles, and by perseverance, labor, and ingenuity, he has supplied all the wants to which his poverty and his unaided skill made him subject. He has built for himself an observatory, constructed his own instruments with the most perfect accuracy, and has astonished the scientific world by the result of his research. Too poor to buy paper upon which to inscribe those observations which have rendered his name immortal, he was compelled to resort to the expedient of a deal-board and a piece of charcoal. Ah, how much valuable paper do we daily waste! In March, 1859, M. Lescarbault observed the passage over the sun's disk of a planet within the orbit of Mercury. and in September, sent word to M. Leverrier, who had before noticed certain perturbations in Mercury's orbit, which only the presence of another planet could explain. The calculations of the two astronomers varied much less than is usual in those of two astronomers working in different places. Here was a grand discovery presented to the great Leverrier, by a man unknown to science, and residing in the village of Orgères, in the Department of the Eure-et-Loire. the generosity which distinguishes great minds. M. Leverrier at once

started to see the physician-astronomer, along with M. Vallée, another eminent savan of France. They found him, to their wonder, as we have described, poor in purse, but rich in resources. The astronomer had not even a chronometer, but had made an admirable substitute in a pendulum, striking seconds, consisting of an ivory ball and silken string. M. Leverrier confirmed the observations, and on the 26th of December communicated these facts to the Academy of Sciences in Paris, presenting the Academy at the same time with the valuable deal-board on which the observations were recorded. The Emperor of France has conferred on the doctor the high honor of Commander of the Legion of Honor, and we observe in more recent English papers, that the medical men of France intend to entertain him at a public banquet, which will no doubt prove an ovation.

The new planet it to be named Vulcan.

With characteristic modesty, the latest news tells us, the Doctor has declined to appear at the Louvre.—Nashville Med. & Surg. Journ.

# A Sad Picture of Alcohol and its Doings.

Prof. S. H. Dickson, in his late introductory lecture before the students of Jefferson Medical College, says: "All Christendom should shudder at hearing that while yet the asylum for habitual inebriates, undertaken to be built by the munificent State of New York, is not half finished, applications have been made for reception by not less than twenty-eight thousand of these unfortunates; of which number—it is enough to make one's heart bleed to record it—upward of four hundred were women! Not women of the Parish cast, which society makes, and then tramples in the mire, but women in a condition—either of themselves, or through their friends—to bear the expenses of such accommodations." No stronger argument than this need be offered for the utility of such an establishment, and we trust that the day is not far distant when asylums for inebriates will be erected in every State in the Union.

### How to Render Muslins Fire-Proof.

The London Lancet says, "Messrs. Versemann and Oppenheim, whose researches on this subject have been most carefully and scientifically conducted, advise the use of the following solution as the only

one which can be recommended for laundry purposes: A concentrated neutral solution of tungstate of soda is diluted with water to 28 degrees Twaddle, and then mixed with three per cent. of phosphate of soda. This solution is found to keep, and to answer well. It has been introduced into her Majesty's laundry, where it is being constantly used. It is stated to be neither injurious to the texture or colors, nor in any degree difficult of application in the washing process. Its protective power against fire is perfect."

# BOOK NOTICES.

HITCHCOCK'S ANATOMY AND PHYSIOLOGY.—This is a new work, designed for colleges, academies, and schools, and intended to popularize these sciences. It seems to have peculiar merits; but as a scientific epitome of these intricate subjects is better adapted to teachers than to learners. By the former it may be used with profit, for it condenses more of comparative anatomy and physiology into smaller compass than any single book of which we have knowledge. So, also, it is a brief compend of microscopical anatomy, so far as this department has been cultivated. But it is still too technical for beginners, and has more of detail than is needed in an elementary work; a fault, however, easier found than remedied. The morale of the work is excellent, as might be expected, coming, as it does, from the pens of Professor Hitchcock, of Amherst College, and his son, whose names and reputation will commend it. It is axiomatic, and abounds with analytic questions.

Ivison & Phinney, of New York, are the publishers.

LECTURES ON THE DISEASES OF INFANCY AND CHILDHOOD. By Charles West, M.D., &c. Philadelphia: Blanchard & Lea. 1860.

This is the third American edition, from the 4th revised and enlarged London edition, of a work with which in its earlier issues our readers are familiar. The author is justly regarded as the highest British authority on the topics he has selected, viz.: the diseases of women and children. This edition comprises two additional lectures, recently delivered in London, the first on sudden death in infancy and childhood, and the second on cerebral symptoms, independent of cerebral disease. Both are characterized by the discrimination and precision which distinguish all the productions of the author's pen, and these alone are worth the price of the volume for the light they throw upon these obscure topics, and we commend the book to students and practitioners.

CLINICAL LECTURES ON CERTAIN ACUTE DISEASES. By Robert Bentley Todd, M.D., F.R.S., of London.

This work has merits of a high order, as would be expected from the reputation of its author, but is entitled to a more thorough perusal and fuller review than can be given at present. We must content ourselves, therefore, now, by recommending our readers to study its pathology and therapeutics in the light of the clinical teachings of the author, but we cannot fully endorse either the one or the other. THE DISEASES OF THE EAR: THEIR NATURE, DIAGNOSIS. AND TREATMENT. By Joseph Toynbee, F.R.S., &c., of London. Philadelphia: Blanchard & Lea. 1860.

The author of this work, from his position as aural surgeon to the various British charities, has for many years enjoyed unrivaled opportunities for cultivating this important department, and has acquired an exalted reputation in London, both as a teacher and practitioner, based upon his extensive clinical observation and scientific research. In the preparation of this book, he has attempted to furnish the profession with the accumulated fruit of his labors, and abounding, as it does in practical details and ample illustrations by exquisitely executed drawings, elucidating the intricacies in the pathology of the ear, we cannot but regard its publication as a public benefit. Medical students would do well to study thoroughly the teachings of this volume, for they may find diseases of the ear among their earliest and most profitable patients. Every medical practitioner feels the need of special preparation to treat diseases of the auditory apparatus satisfactorily, and this book contains the precise information they need. We cordially recommend it to the profession and the public.

# EDITOR'S TABLE.

#### THE AMERICAN MEDICAL ASSOCIATION.

The annual convention of this body for 1860 will assemble at New Haven, Connecticut, on the first Tuesday of June, in accordance with the official notice published in our last number. We cannot share in the apprehensions expressed in certain journals, that unprofitable or unpleasant controversies are to characterize the meeting; but on the contrary, we anticipate a harmonious and profitable session. sectional division of the body for scientific purposes is to be inaugurated at this session, and a reference of any quastio vexata to the appropriate section to consider and report, will take it out of the Association as such until they introduce it by reporting their conclusions. And we rely upon the ability and firmness of the presiding officer to rule out any and every irrelevant or local topic, if any such should be mooted, which may be calculated to interrupt the good order and peaceful transaction of the legitimate business of the Association; and for such ruling, the By-Laws clothe the President with ample authority.

As the high honor of the Presidency was awarded to New Haven when the Association last met in New York, may not a fair reciprocity prompt our brethren there to relinquish, as we did, the prescriptive claim which usage has so often conferred upon the place of meeting, and which, it seems, is to be contested in certain quarters?

Should such be the disposition manifested at New Haven, we propose that they compliment New York in turn, by the nomination of *Professor Valentine Mott*, the veteran representative of the profession in our city, who has earned a title to the highest honors the profession of America can bestow.

### MEDICAL POLITICS.

We can forgive our Legislature for incorporating that harmless thing, a Homeopathic College, in view of the sad need of a school of some sort, which the practitioners of that ilk imperatively require to rescue the fraternity from the ignorance of either scholastic or medical science, which characterizes the sect. Especially as they have fulfilled our predictions by killing off that bogus sanitary bill, the mercenary character of whose framers and advocates in the lobby we exposed in our last number; and this, by evidences which were understood at Albany, though ignored by the partisan press of this city, and especially by the Daily Times, which clamored for the passage of the bill, because the editor has been humbugged into the belief that the parties concerned were honestly seeking the public welfare, instead of their own aggrandizement. Already, we presume that the editor and others of the victims of the humbug have discovered their error, and will henceforth beware of certain office-seeking doctors and their satellites, who are using Sanitary science as a stepping-stone to the emoluments of public station, and having nothing to do in the profession can spend their time in the lobby at Albany, hoping to thrive by the spoils of public office. But once more they have been defeated. Laus Deo.

Another wise and good thing has been done at Albany by the abolition of the "Ten Governors of the Alms-House," whose administration has been corrupt and profligate; and whose exposure by the Tribune has at length been successful in overthrowing a public nuisance. Any change must be for the better, and whoever may be the new Commissioners, we again repeat that the medical department of their institutions imperatively requires remodelling; and hence, that at least one of the Commissioners should be a medical man, since so large a share of their charge is composed of remedial institutions. Dr. Bruninghausen, of the old Board of Governors, should forthwith be placed at the head of the Bellevue Hospital as Resident Physician, for which post he has shown himself admirably qualified. Duty to the sick poor, and to the interests of the city, and those of medical science,

call loudly for reform in the medical staff of that hospital, of which a striking illustration, "E Pluribus Unum," is found in this number.

Moreover, the present Board of Health have proved their competency for managing their department, by making their Resident Physician, Dr. Sayre, their agent; and thus strengthening his hands and transferring to him the salary of that office, so as to make the post of Resident Physician remunerative, and providing for a more efficient administration of the health laws. Let them now get rid of Dr. Jerome, who, as physician to a Hospital which is non est inventus, has been receiving \$6,000 as a sinecure. Let them forbid the Quarantine Commissioners to pay \$1,000 per month to the physician to the bogus floating Hospital with one patient, and they will have done all they can to stop the medical leaks in the public treasury.

As to the Health Officer's salary and perquisites, as this is a State office, they cannot get rid of him; as the dominant party depend upon a division of the spoils, for the thousands of dollars they derive from this source, for political purposes. Already, with the thermometer below 50°, his proclamation is out for April for collecting his fees from vessels according to law, to prevent yellow fever, which cannot possibly prevail or appear in a temperature below 80°. But the extortions of Quarantine are necessary evils to which the merchants and all concerned must submit for the benefit of the political party in power. Vice la bagatelle!

# Bulletin of N. Y. Academy of Medicine for 1860.

We have received the first 16 pages of a new serial under this title, which is to be continued. It is to be issued periodically by the Council, and purports to be a report of the proceedings at the meetings of the Academy. Some of the speakers, we see, are reported at length, with much they did not say; while others find their remarks suppressed and garbled in a very meagre report, made, we suppose, in the discretion of the reporters. Still, all should be thankful for small favors, for anything is better than nothing; and the Academy needs ventilation, or it will be overshadowed by the Pathological and other societies.

This first number is devoted to Diphtheria chiefly, and every phase and variety of opinion is here represented. But practical men everywhere concur in the opinion, that the diphtheritis, so much vaunted as a new disease, is identical with the putrid or malignant sore throat of former times; or the angina membranacea maligna of later writers.

Those who wish to pursue the subject may correct their errors by turning to the lectures of Dr. John Bell, of Philadelphia, in Bell and Stokes.

# Summer Courses of Medical Colleges.

At the University of New York, some 80 students are in attendance upon the cliniques and lectures for the *summer*, commencing in April.

The College of Physicians and Surgeons, with some 60 pupils, are pursuing their summer course.

The New York Medical College have no summer course this year, though Dr. Carnochan continues his weekly clinique, which is well attended. The Faculty have not yet been announced, but we hear that a reorganization of this school is looked for in time for the usual fall session, if not sooner.

Meanwhile, the L. I. College Hospital, at Brooklyn, is in full operation, and has opened its first session under favorable auspices, commencing in March, and ending in July, holding a summer session only. Already some 50 students are enrolled, the hospital under the same roof, well supplied with patients, who are distributed among the practical professors, for clinical teaching; anatomical material is abundant, the museum ample, and the laboratory complete, with every facility for thorough teaching.

Surely our city cannot now be excelled in its attractions to students, by any other city, at home or abroad; and the whole year is here made available for the schools, while for clinical purposes, New York is unsurpassed.

### New York Academy of Medicine.

The joint committee from this body, and the College of Pharmacy, who are delegated to the Convention for revising the Pharmacopæia, to be held at Washington, May 1st, 1860, submitted to the last meeting an elaborate report, which was read by Dr. Squibb, their chairman, and after a commendatory speech by Prof. J. M. Smith, was ordered to be printed. They suggest important alterations and improvements in the U. S. Pharmacopæia, for 1860.

The Section on Surgery held a meeting April 21st, at the house of their chairman, Dr. J. R. Wood, to which a number of medical men from New York and Brooklyn were invited. The subject was that of Exsection of Joints, and it was discussed at great length; the patho-

logical specimens, drawings, and in some instances, the patients, who have undergone these operations, being subjected to the examination of all present, and the histories of cases in detail were read for criticism. A social entertainment closed the meeting, which throughout was interesting and profitable.

# STATISTICS OF MEDICAL COLLEGES-1859-60.

We continue our annual table of the number of matriculants and graduates at each of the medical schools of the country, which will be corrected, and the blanks filled up, as information reaches us, for which purpose the page will be kept standing.

	Students.	Graduates.
Jefferson Medical College	630	170
University of Pennsylvania	515	173
University of Nashville	456	101
University of New York	411	138
College of Physicians and Surgeons, N. Y	200	55
New York Medical College	75	20
Bnffalo Medical College		
Medical Department of Yale College		13
Ohio Medical College	128	32
Atlanta Medical College		50
University of Louisville, Ky		38
Oglethorpe Medical College, Savannah, Geo		21
Lind University, (Chicago,)		9
Massachusetts Medical College		32
Kentucky School of Medicine	•	37
Rush Medical College, Chicago		36
Shelby Medical College	75	9
Pennsylvania Medical College		38
Medical College of South Carolina	248	
Cincinnati College of Medicine		30
Savannah Medical College		12
Medical College of Virginia		82
Mobile Medical College		15
Cleveland Medical College		18
National Medical College, Washington, D. C		29
Medical College of Georgia		62
_		

### A Medical Editor Barnum-ized.

The N. Y. Medical Press has been sadly hoaxed by the great showman, Barnum, who has so often gulled wiser men out of their wits and their money, and who delights in humbugging verdant doctors.

The Fee-Jee Mermaid—the Wooly Horse—the Negro turning white—the Bear Woman—the Fire Annihilator—Joice Heth, &c., having all been played out, Barnum now placards the walls, and fills the newspapers with "What is it? Is it man! or Monkey?" And having failed to make this new humbug pay by exhibiting an idiot negro, as a cross between man and monkey! enlists the services of the "Press," to vouch for this 9th wonder of the world, as a veritable marvel, worthy the endorsement of the Faculty, through the medical periodical of our neighbors; who furnish in their columns, per order, a puff and glorification for this bold imposture. So we go. Is there a lower deep?

# Southern Medical Quarterly.

This is the title of a new periodical by Prof. Daniel F. Wright, which is to take the place of the Nashville Medical Record. The Nashville Medical Bulletin and Hospital Gazette is to be issued monthly, in newspaper form, as the organ of the Shelby Medical College. Dr. Wright is a medical scholar of no mean pretensions, and has editorial abilities of a high order.

# RECENT SURGICAL OPERATIONS.

Dr. Carnochan has recently performed the following important surgical operations, some of which we had the pleasure of witnessing:

Removal of a large fibro-plastic tumor, partly composed, also, of accidental erectile tissue, situated in the occipital region. The patient 90 years of age, and threatened with fatal hæmorrhage from ulceration of the tumor.

Removal of the neck of the uterus, for a cauliform growth, involving the entire cervix.

The perineal section of the urethra, for extensive and impermeable stricture. Two cases.

Exsection of the globe of the eye, in the adult, for fungus hamatodes. For the radical cure of reducible hernia, by invagination and the insertion of the tent. Two cases.

Exsection of the head of the femur, and 33 inches of the upper portion of the bone, for caries of the hip-joint.

Large aneurism by anastomosis of the lower lip in a female infant, treated by acupressure of both facial arteries, and by the passage of strands of flos-silk, imbued with the solution of perchloride of iron, through the tumor.

Exsection of the elbow-joint for strumous caries of the joint.

Extensive single hare-lip, after Malgaigne's method.

Operation for large and ancient hydrocele, by incision and excision of a portion of the thickened tunica vaginalis. Two cases.

Removal of a large portion of the upper lip for cancerous ulceration, followed by the necessary cheiloplastic operation.

Exsection of the inferior turbinated bones of the nose for expansion and enlargement, so as to fill up the nasal cavities.

Operation for cataract of right eye, in an adult, by breaking up the lens.

### EXSECTION OF JOINTS.

This operation has become very frequent of late in this city. Dr. Syme, of London, whose extensive experience in this specialty makes him an authority, condemns the excision of the knee, while recording the success of excision in the elbow and shoulder. His warning has been recently illustrated by the attempt upon the knee by several of the New York surgeons. Dr. Post's case died of tetanus; Dr. Sayre's case was unsuccessful; Dr. A. B. Mott's case had to be followed by amputation. The only case we have heard of which survives, is that of Dr. J. R. Wood, though there are still sinuses and other adverse signs.

Prof. N. R. Smith, of Baltimore, has an admirable paper, in the Maryland and Virginia Medical Journal, on a new instrument for the treatment of fractures of the lower extremity, called the "anterior splint," being placed above instead of below the injured limb. It is accompanied by a plate, and cases illustrating its utility.

The Peninsular and Independent Medical Journal, long published at Detroit, Mich., by Drs. Palmer, Gunn, and Stearns, and which has been ably conducted, is now discontinued, not for want of patronage, but another victim to non-paying subscribers. "Tis true a pity, and pity 'tis 'tis true."

M. Bailliere, the well-known medical publisher in Paris, died a few weeks ago.

[The following letter from the venerable Professor in the College of Surgeons, of Dublin, to Dr. John O'Reilly, of this city, refers to his recent communication on Nervous Pathology, to which he thus promptly responds on receipt of our last number:]

21 KILDARE STREET, DUBLIN, April 16th, 1860.

MY DEAR SIR—I have received the April number of the American Medical Gazette, which contains an interesting article on the Nervous Centres of Animal and Organic Life, written by you, and for which I suppose I am indebted to your kindness and attention. I have perused it most carefully, and can most truly say, have derived from it equal pleasure and advantage. It is a part of our professional literature that has been too much neglected, and as it seems likely to attract attention at your side of the world, it gives me great pleasure to see the movement headed by a Licentiate of the Irish College. It is quite true that a knowledge of these systems is what must ultimately distinguish the scientific from the superficial physician.

Believe me, dear sir,

Very faithfully,

WILLIAM HENRY PORTER.

### LONG ISLAND COLLEGE HOSPITAL.

[The following response has been received from Brooklyn, through a medical brother, whom we dispatched to the New College for reliable information as to the prospects of the new school:]

This College is in successful operation. The number of students (bona fide students) is greater than its friends had expected. They are from all portions of the country—the British Provinces, East and North; from Alabama, North Carolina, Louisiana, Kentucky, Virginia, &c., South; from Pennsylvania, and from several of the States in the eastern section of the Mississippi Valley. This is evidence that the plan of the Institution is received with favor by the practical men of the country.

Its friends are convinced that the project is a wise one; that a want will be supplied by this, which has not hitherto been properly met by any pre-existing arrangement; and that whilst they have modestly appropriated a space left vacant by others, they can occupy it with decided benefit to the *profession*, and to the community. The omens are propitious—the results, time will more fully develop. In the mean while, the friends of the institution do not shrink from hon-

orable competition or comment. They point with confidence to their corps of teachers. Those who have already attained to the first rank amongst the teachers of this country, are winning new laurels; and those less known, are rising rapidly in public estimation. They are encouraged by the successful working of their plans and arrangements hitherto; yet they do not deem that they have attained to perfection.

They will aim at true progress in connection with a wise conservatism. They are desirous to learn from their friends, and will not forget the ancient maxim, "Fas est ab hoste doceri." One question in this connection. To the experienced manager in medical politics it may appear rather verdant, yet we will propose it. Whence all the insinuations, the concealed and open oppositions, the resolutions of "older institutions," of which we hear, and which reach us through one or two only of the medical, and in some of the public prints? "Whence all these tears?" If there be any honest and substantial reasons, we should like to hear them.

### HOSPITAL RATS.

Prisons, dock-yards, and wharves have been celebrated for the multitude and magnitude of the Rars which infest them, and the cruelty of their voracious attacks upon the inmates of these receptacles of vermin. But the recent infanticide at Bellevue demonstrates that there are Hospital Rats! a new species, we would hope, for humanity's sake, for their cannibalism has devoured a new-born infant in the lying-in-ward, to which the hapless mother was consigned, and neither nurse nor doctor seems to have been on hand to rescue the victim, until the deed of blood was done. Comment is superfluous. Where are the scores of medical men, who are Hospital Rats! responsible for the proper care of the inmates of our public charities, and for the Hygiene of that pauper establishment? Cannot they make themselves useful, if not in rat catching, in rat destroying, and thus save the 300 dollars which the Commissioners have been obliged to pay to a rat-poisoner, while they have hundreds of poison drugs at their command, and at the public expense? Some of the biped rate, who are "bigger than cats," might be better employed than they are. in filling up the rat-holes, than in squandering the public money, in champagne, brandy, and segars. See the N. Y. Tribune's picture of the now defunct Governors!

#### HOMCEOPATHY.

[We give below a few brief extracts from a late clinical Lecture by Prof. Dugas, of the Medical College of Georgia, which is too good to be lost. Our limited space forbids the insertion of the whole.]

The subject of Homœopathy is, of course, not new to me; indeed, it is one to which my attention was at one time specially directed, inasmuch as the doctrines of Hahnemann were exciting much interest in Europe, and especially in Paris, during my first sojourn in that city some thirty years ago. The term Homeopathy is intended to convey in one word the gist of the doctrine of "Similia Similibus Curantur," or that "like cures like." Now there is nothing new in the idea that certain morbid conditions may be advantageously treated with remedial agents capable of inducing a similar state. There is nothing novel, I say, however much I may be opposed to it, in the prescription of a laxative for the relief of diarrhœa, spirits of turpentine for burns, lunar caustic and other irritants for inflammatory affections. physicians occasionally practice upon this principle. But if you attempt to generalize it, you see at once that it is out of the question. You have a patient with the toothache, another with the gout, a third with pleurisy, and so on. Now I would ask, what articles do we possess that can induce either of these affections, or anything like them?

The truth of the matter is, however, that although Hahnemann applied this epithet to his system, it does not indicate the real, the great peculiarity of his practice. We find this in the doctrine that the potency of a remedy is not, as has been heretofore supposed, proportionate to the magnitude of the dose, but, on the contrary, is increased by its diminution—so that the millionth part of a grain of Peruvian Bark is infinitely more potent than an ounce! And that articles almost inert in large doses, grow so rapidly in activity, by lessening the quantity, as to become positively dangerous when administered in doses so infinitesimal as to defy calculation!

Again, in establishing the rules by which remedies should be prepared for Homeopathic usefulness, Hahnemann dwells at great length upon the vast importance of cleanliness and the careful avoidance by every means of the perturbating influence of extraneous agents, such as solar light, heat, gaseous emanations, odors, metallic contact, &c., &c. The greatest care should be taken to secure correct weights; to use mortars and pestles, as well as spatulas, of a particular kind; to

have the water distilled in a retort which has never been used for any other purpose; to get alcohol, for dilution, which has been obtained from special substances; to use none other than the sugar of milk for attenuating powders, &c., &c.

If you have not yet read Hahnemann's Organon, gentlemen, do so at once. It will amply repay you for your trouble. I read it, a long time ago, most carefully, and with as unbiased a mind as I could bring to the search of truth; and I must say, that it seemed to me to be the most complete rhapsody I ever read, save, perhaps, the "life and narrative of Thomson," the renowned author of Thomsonianism. But Thomson was a poor illiterate man, who was deluded by an imaginary inspiration from Heaven, as many have been upon other I believe, therefore, that he was honest in his convictions. Hahnemann, on the contrary, was a very learned man, well versed in the history of medicine, and evidently intimately acquainted with human nature. We cannot for a moment suppose that a man of his extensive acquirements, and a physician, too, of experience, could believe palpaple absurdities in matters purely scientific. And yet they abound in the Organon. It is, as I have already said, a perfect tissue of rhapsodies, as glaring as those of Baron Munchausen. Now, if he could not believe them, he must have had, as well as the author of Munchausen, some motive for inditing them. His knowledge of human nature taught him that men are more apt to notice and to believe mysteries than the naked truth. Like many physicians who have passed the age of enthusiastic and unlimited confidence in the materia medica, in all cases of illness, he doubtless arrived at the conclusion that mankind was suffering very much from excessive and useless medication. But if he had at that time proclaimed this belief, he would have been simply ridiculed and soon forgotten. Such, however. could not be the fate of a highly-wrought system of mysticism, advocated with the apparent zeal of an enthusiast and with the ability of The scheme was well devised, well sustained, and secured belief by the boldness of its revelations. That there are some truisms in the Organon, I do not deny. In this the author displays his tact, for mysticism is always strengthened by being shown to accord with known truths.

Hahnemannism is then, in reality, but a well-devised plan to carry out most effectually the, so called, expectant treatment of disease. It is not, as is supposed by many, designed for the purpose of treating all cases with drops of nothing; for Hahnemann insists that none shall practice his method but thorough-bred physicians. Now what does

this mean, if not that no one shall practice this system who is not sufficiently versed in the knowledge of legitimate medicine, to distinguish between the cases that require no physic and those that do? This injunction of previous instruction is unfortunately too often neglected.

I am afraid that you may think me uncharitable in thus attributing to Hahnemann the perpetration of so deliberate a fraud. But there are some who would regard this in the light of what has been termed a pious fraud—the means being justified by the end. I am not the apologist of such a doctrine—I detest it! Nothing is valuable in science but the naked truth, and the French school of medicine has accomplished more effectually, by a straightforward course, the reformation aimed at by Hahnemann, than he has been able to do by the most subtle duplicity. That school was engaged, at the time Hahnemann inaugurated his new doctrine, with the important study of the natural history of diseases, unmodified by the perturbating influence of remedial agents. Diseases were, under the supervision of able men, allowed to run their course naturally and without interference, and when their natural history was thus established, it became an easy matter to determine the relative value of remedial agents.

Well, what has been the result of this study? It has taught us that a large number of cases of illness will terminate favorably without medicine—that some will prove fatal notwithstanding all the resources of art, and that others will rarely terminate favorably without the aid of remedial agents. It is, therefore, the business of the physician to discriminate between these cases, and treat them accordingly. pocrates tells us somewhere, that a physician must determine, before he prescribes, whether the case would end favorably if left to itself. and that if he thinks it will he must let it alone, lest by interfering with the operations of Nature he render incurable that which was not so before. But you may say, this requires consummate skill. It unques tionably does, and none but those who possess it have any right to take charge of the lives of their neighbors, at least without the firm determination to resort to perturbating means only when certain of their efficacy, and in all cases to give the patient what lawyers term "the benefit of doubt," by non-interference. Dr. Chapman is said to have remarked that "any fool can give physic, but it takes a good physician to determine when not to give it."

But, gentlemen, physiology teaches us that the state of the system is very much under the influence of the mind, and that in sickness we may accomplish important results by operating upon the imagination.

The hopes engendered by confidence in the ability of the adviser, or in the efficacy of the prescription, are often powerful aids in the vapquishment of disease. As the stamina and recuperative energies of the system are buoyed up by cheerful hope, they are correspondingly depressed by apprehension and a want of confidence. Most persons have great faith in the materia medica, and believe that there must be a remedy for all diseases. As lovers of truth, it is our duty to enlighten society upon this subject, but until this be accomplished we have to treat things as they are; and as no honest physician would give physic merely to gratify the prejudices of the patient, so none would withhold from him the advantages of hope based upon prescrip-In many instances, if you make no prescription, the patient will conclude either that his case is hopeless, that you are ignorant of what he requires, or that you are indifferent to what seems to him very im-The result then is, that he loses confidence in you, and desponds. Is it not right and proper, then, under such circumstances, while you honestly omit the use of agents of hurtful activity, to prescribe something that will gratify the imagination? And what could more effectually do this than the billionth part of a grain of chalk, or any other agent similarly attenuated, if your patient were a believer in homeopathy?

Receipts for 1860-not otherwise acknowledged, viz:
Drs. Newby, King, Allen, Henderson, Skilton, Maney, Gardner, Merriwether, Arnold, Mason. Delavan, Woodward, Foster, Mulholland, Wade, Mitchell, Schweich, Titus, Bartlett, Reese.

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## AMERICAN MEDICAL GAZETTE ADVERTISER.

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J. G. WESTMORELAND, Dean. ATLANTA, GA., May, 1860.

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# AMERICAN

# MEDICAL GAZETTE.

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No. 6.

## ORIGINAL DEPARTMENT.

Strangulated Hernia Reduced by Collodion.

By E. S. Cooper, A.M., M.D.,

Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific.

Case.—M. H., set. 50, had long been the subject of scrotal hernia, which, during a drunken spree in March, 1860, became strangulated, and remained in that condition for several hours; he did not know positively, being too much intoxicated, but thought ten or fifteen. When I was called the strangulation was complete, the abdomen tympanitic and painful.

The taxis was tried most thoroughly, without success, and knowing the condition of the patient to be very bad for the use of the knife, owing to the vital energies being enfeebled by recent protracted intoxication and exposure to the inclemency of the weather, and considing the fatality attending my practice in these cases, I hesitated to operate. While weighing this matter, the idea of using collodion occurred, which was at once tried, in the following manner: A thick coating was applied all over the hernial tumor, which being permitted to dry and contract, another was put over it.

After making two or three applications and witnessing the result, the patient was left in charge of a student, who was directed to apply the collodion (an article of much greater consistency than that in general use) every ten minutes, until my return.

This course being continued for nearly two hours, the tumor was

found soft, and reduced in size one-half or more—strangulation being, in fact, removed.

The small portion of the hernial sac remaining out of the abdominal cavity was returned without the least difficulty. The patient suffered for several days from tympanitis and soreness of the abdominal walls, but by the use of chloroform liniment, anodyne injections, and the administration of large doses of mindererus, recovered entirely in a week.

Remarks.—Those who have witnessed the power of collodion in producing pressure, when applied as above described, will not be surprised at the result of its action in this case, and probably, as with myself, will only marvel that the idea was not conceived before. But to know its immense mechanical power, one must have witnessed its effects fully; since not one could form a just opinion of its powerful but uniformly increased pressure by successive applications to the same surface, without a practical knowledge of the same.

One case alone cannot suffice to establish any method of practice; but so far as it can go, this one proves the practicability of the use of collodion in strangulated hernia.

Its rationale is clear, though I should not wish to recommend it to the entire exclusion of other remedies, until further trials are made. The modus operandi is evidently this: The extreme degree of pressure so gradually increased, forces the blood, particle by particle, through the strangulated vessels, on the same principle that water can, by powerful pressure, be forced through the pores of metals; the gases and watery parts of the blood are forced through the constricted vessels at first, and afterwards the fibrin follows, in consequence of the continuous potent pressure on the distal side of the stricture, while its further accumulation in the hernial tumor is prevented as soon as the application is commenced.

On giving this matter due consideration, I am led to the following conclusions:

1st. That we will always be safe in resorting to the use of collodion in strangulated hernia before using the knife, which at best is a dangerous remedy.

2d. If the collodion fails, the case will be none the worse for an operation, because two hours will generally be a long enough time in which to give it a trial; and during this period no more fluids can accumulate in the tumor, but on the other hand, part of those already collected will be sure to be forced out, whether strangulation is subdued entirely or not.

3d. That taxis should never be resorted to before collodion has been applied, because in the former bruising of the parts is liable to occur, but not in the latter; which, in addition, is much the more potent agent in pressing the blood out of the veins of the part, and thereby relieving the strangulation.

The following rules should be followed in the use of this method:

1st. Before applying the collodion, shave the hernial tumor carefully, so that, if an operation should ultimately become necessary, no impediment may be in the way.

2d. Have two kinds of collodion—one charged well with guncotton, and the other comparatively thin. Make two or three applications of the first to one of the last, beginning with the first. This is the method by which the greatest contraction of which collodion is capable can be produced. The ordinary collodion sold in the shops is right for the second, but the first kind should contain three or four times as much gun-cotton.

3d. After the collodion has been applied every ten minutes for an hour or two, its use should be suspended for half an hour, on purpose to let the coating thus made contract to its utmost capacity; after which, pressure may be made with the hands to see if the strangulation be not removed. And if the hernia should not be returned, let an effort be made to effect this before resorting to the knife.

#### REPORT OF CASES

By Dr. M. E. For,

Licentiate of the Royal College of Surgeons, Edinburgh; Resident Fellow of the Academy of Medicine, &c.

Editor Medical Gazette—Dear Sir: In July last, I was called during the night to visit a child set three years, ill with convulsions. I ordered an enema of oil and turpentine and a warm bath, with happy effect. On visiting my patient next day, I found him well.

Three weeks elapsed without my hearing from the child's friends. At the end of the third week the father of the child came into my office in a state of great excitement, saying, "Now, doctor, my child is dying of water on the brain, and you never told me of it." I inquired when the child had again taken ill, and he told me, "Yesterday." "That the child had recovered under my former treatment, but that his 'family doctor' said that the child wanted nerve, and that he would give him something to remedy the want."

world; and what is more, it has some truth in it. It will be remembered that the usual division of strictures is into: 1. Spasmodic; 2. Permanent; and 3. Mixed.

The spasmodic strictures are of course temporary, and generally easily relieved. The permanent are the result of deposits of lymph along the urethral canal, (according to Sir E. Home, it is always outside of the mucous membrane, and does not involve this tissue,) which, becoming partially organized, form persistent obstructions, more or less complete, to the passage of the urine. The mixed form of the disease is that where spasm is added to the permanent cause of obstruction.

In addition to the above varieties, we sometimes see "bands," or a species of diaphragm, partially subtending the urethra, by some called the pack-thread stricture. We have also fleshy growths in the passage, or "carnosities." "The anatomical researches of Morgagni, Lafaye, I. Louis Petit, Desault, Brunner, Hunter, Ch. Bell, and others, have proved incontrovertibly (says Ducamp, p. 11,) that the theory of carnosities is entirely destitute of foundation. Nevertheless, Morgagni found on one stricture slight excrescences of flesh. Hunter met with them twice in subjects who had had strictures of long standing."

We must add our testimony to that of Morgagni and Hunter, in favor of the existence of these warty excrescences in the urethra, producing the ordinary effects of permanent stricture; easily removed, however, by the introduction of a metallic sound, which cured the stricture by tearing the "carnosities" from their attachment to the mucous membrane.

It is not our purpose to dwell at present on the confessed inefficiency of the ordinary modes of treatment of permanent strictures. We hope to present to the American Medical Association a pretty full account of the disease and its treatment in detail. The object of this article is to state a few facts and arguments in favor of internal section, a mode of treatment which we have not yet found to fail, in practice, during the last fifteen years.

Dorner, Chew, Strafford, Physic, Jameson, and others, have felt the necessity of this mode of treatment, and have succeeded more or less completely in their efforts to overcome stricture by internal section. The plan of Dorner and others, in France, was repudiated by Velpeau; while Civiale and Strafford, while living, of England, and myself, continue to resort to this mode of treatment.

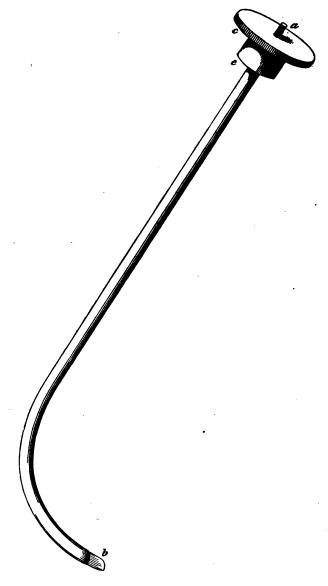
When I fell upon the process of internal section in the treatment of

permanent stricture, I was not aware of Chew's or Strafford's attempts in the same line. Dr. Chew, however, and Dr. Physic abandoned the process. Dr. Jameson seems to have resorted to internal section merely to avoid the ordinary operations in persistent retention of urine. Hence his instrument was introduced through an incision made in the course of the urethra, and thence passed up to the bladder. Physic's instruments are straight, and consist of pointed stylets in straight catheters, calculated to divide an obstruction anterior to the curve of the urethra. This was Civiale's practice until a few years prior to his decease, when he adopted the curved instrument, and divided strictures up to the mouth of the blàdder.

Our first case, and that which induced us to resort to internal section, was an aggravated one of impassable stricture, in which the passage of the urine was reduced to a few drops at a time, and the patient was in imminent danger from the excessive distention of the Eight years had intervened since a very severe and neglected gonorrhea had laid the foundation of a stricture, which proved to be more than two inches in extent. The young man had been in the habit, for many years, of introducing bougies and catheters, in order to relieve the bladder. The stricture by this means—and we believe it is a very common result of the practice—had not only been extended very much, but had become impermeable to the smallest instrument. The patient begged me to relieve him. Caustic, the ordinary practice of the day, was by far too slow a process; external section had not then been resorted to, to any extent, by the profession; and internal section appeared, consequently, to be the only mode of relief. Requesting a few hours' delay from my patient, I visited the several manufacturers of the city, and after considerable search, found a halfmade instrument, which appeared to be designed for internal sectiou. The manufacturers appeared to know nothing of the instruments for the operation, and were not in the habit of making them. I directed a flexible metallic catheter, with a perpendicular slit in the distal extremity, to be armed with a strong wire stylet, on the further end of which was to be inserted a lancet-pointed blade, and on the proximal extremity a thread and bur, by which I could measure and control the extent to which the blade might pass beyond the end of the catheter by the pressure of the thumb on the bur.

The instrument finished, the patient was informed that it was an experiment which might succeed or might not, and might be very painful. I did not then know that the section of a hard stricture is ac-

companied by little or no pain. Having, at his own request, administered chloroform, and having retracted the blade into the catheter,



DR. BRYAN'S STRICTURE SECTOR.

I carefully introduced the latter down to the stricture, and guiding the point of the instrument in the direction of the axis of the urethra, by means of the index finger of the left hand pressed on the outside of the urethra, the bur and stylet were forcibly pressed forward by the thumb of the right hand. The whole instrument advanced into the passage about one-quarter of an inch, and three or four drops of blood followed its retraction. On recovering from the effects of the chloroform, the patient informed me that he had not felt the operation.

Desirous of watching the result of the first incision, we directed the patient to call the next morning for a second. We found, on the second day, that a slight improvement had taken place in the stream of the urine, which now came away, in large drops, rapidly. The second incision was performed in the same way, accompanied by an increase in the advance of the instrument through the stricture, also by the discharge of a few more drops of blood. The operation was in this way repeated from day to day, until more than two inches of cartilaginous stricture were cut through, and a full-size silver catheter passed easily into the bladder. The amount of urine which could be passed increased with each operation, until a full stream was secured. Not more than a drachm of blood was lost during all the operations; and the use of chloroform was abandoned after the second, as not being necessary.

We directed the patient to carry with him a silver catether, and introduce it into the bladder now and then, in order to prevent the union of the cut surfaces of the stricture. Finding, however, that the stream continued good, he ceased using the catheter after the first day or two. I have, indeed, since that time not recommended the introduction of any instrument after internal section, on the ground that the urine itself acts as a foreign irritating body to the raw surfaces of the incisions, and thus prevents the re-formation of the stricture. also thereby avoid the irritation which is sure to accompany the introduction of solid foreign bodies into this canal. My patient got well from that day forth, and is now residing in one of the Southwestern Since that time, now some fifteen years, pretty extensive surgical clinics, in the "Philadelphia College of Medicine," in the Geneva Medical College, New York, and in private practice, have afforded me a large number of cases of stricture, which I have treated in the same way.

The more cartilaginous and impervious the stricture, the better; and I have yet to see a case in which I have failed to open a passage

to the bladder. It is well known that the treatment by caustic, dilatation, and external section are all followed, from time to time, by severe accidents; such as increase of the stricture, false passage, with urinary infiltration, fistula, &c., &c. I have, as yet, met with none of these things in this treatment, nor are any reported by Civiale, Strafford, Amussat, Dorner, Jameson, or others. A priori reasoning doubtless deters many from attempting the practice; but after a careful review of the results of other modes of practice, not excepting Symes' operations, I am clearly of the opinion that in a majority of the cases of permanent stricture, the treatment by internal section, in the hands of a careful and judicious surgeon, is by far the safest, most free from danger, most certain, and most satisfactory.

# New and Improved Method of Vaccination.

By John O. Bronson, M.D.,

Professor of Surgery in the New York Preparatory School of Medicine.

Many instruments have been devised for exposing the absorbents for the reception of vaccine virus, or for placing the virus in contact with the absorbing vessels. All, aiming at the same object, meet it more or less satisfactorily. Some cause a considerable flow of blood—some are suitable only for the use of the crust—some for the fluid—some for limited, and some for large or dispensary practice; and all are variable as regards results.

During a period of two and a half years of service as physician in charge of the Demilt Dispensary, the vaccine department has been under my care, and during this period upward of six thousand persons have been vaccinated, as may be seen by reference to the reports of that institution.

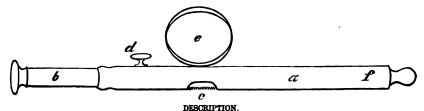
The instrument most used has been the scarificator so generally known throughout the profession. Among so many patients, I have had an opportunity to judge of its merits and defects, as well as to make trial of other and all methods.

The principal defect of the scarificator is, that too much blood is caused to flow, or too much time is spent in trying to prevent it. Although the instrument is graduated, the skin of the children is not. Some bleed freely upon a slight application of the instrument, while others require several passes of the knives to get a proper degree of scarification.

I might detail my experience in the use of the various methods of vaccinating, and the different forms of virus; but as I only write to

make mention of a new instrument, I will defer such matter for the present, and describe the instrument, which I devised to overcome the defects of the scarificator which I met with in using it. The instrument has already been used in upward of eight hundred cases, portraying its marked characteristics.

It lays bare the absorbents over a space of such extent that, if any virtue exists in the virus, it cannot fail of producing its effects. It does not produce any bleeding unless used with extreme harshness, which is quite unnecessary. It requires but half the time it takes to produce the same effects with any other instrument. The virus can be used in any form whatever.



s-Cylinder.

Piston, carrying the sand-paper, seen at

c—Aperture. The sand-paper is prevented from slipping from the cylinder by d—A thumb-screw, and is acted upon by a wire spring within the cylinder, at f. c—Ring, which supports the instrument on the finger.

I do not need, however, to present the instrument in contrast with any other, for it has self-evident merits, which the most indifferent cannot fail to discover. It is remarkably simple, and consists of a cylinder, carrying a piston, loaded, by a simple contrivance, with sandpaper. At a convenient point, the cylinder is pierced by an aperture, across which plays the sand-paper, as the piston carrying it is passed to and fro by means of the thumb at its free extremity, and a wire spring within the cylinder.

It is used by means of a ring fixed at a point directly opposite the aperture, and placed on the fore-finger, looking upward. The finger being flexed, brings the instrument in a convenient position for application. The instrument being then pressed upon, the skin is caused to bulge into the aperture, and then, by pushing the piston with the thumb, the abrasion is speedily effected, and to any extent desired, by more frequent action of the thumb.

Though useful in any, I consider the instrument more particularly adapted for large or dispensary practice, for so it has proved itself in the trial to which it has been subjected, by use in the large number of cases above mentioned.

# SELECTIONS.

Notes on Nursing: What it is, and What it is not.

By FLORENCE NIGHTINGALE.

The Anglo-Russian war had no hero who could compare to Florence Nightingale. Connected with that long and trying winter in the trenches, there is no name so bright, no position so envied, no reputation so unsullied, no individual we can so readily recognize as having done a real good, as this gentle woman. She is, par excellence, the Nurse, and through all time to come, even when the battlements of Sebastopol shall lie as low and undiscoverable as Birs Nimrod, her name will be remembered with love and affection, and the children of, unborn generations will teach their posterity to love and honor her. The life of Florence Nightingale is a remarkable one. She was not called by any religious compunctions to enter on the work of relieving human misery, to pass from hospital to prison, and from battle-field to plague-stricken village, to relieve the sick, and thus win salvation for her own soul. Nor was she a love-sick maiden, weary with disappointment, seeking to obtain a glass of the waters of Lethe, by filling her bosom with the cares and sorrows of others. Nor was she called to her work by any special calamity, like the heroine of Norfolk, or Mary Pickard, the heroine of Durham. Nor does she seem to have set out from any chosen point, to accomplish any set plans. Her nursing was a special calling, the result of natural taste and capacity. In early childhood she exhibited this in her love for dressing all wounds and bruises, and nursing all the sick within her ken, and as a young lady she was ever on the outlook for objects on whom to lavish her care and attention. Brought up as most young ladies are in the upper ranks of English society, these opportunities found occasional means to present themselves. She had a first class education, which completed, she made several times the tour of Europe, wandered over the galleries of Dresden and Italy, strolled along the Champs Elysees, and ascended the Rigi and the Wengernalp, wandered into Greece, Asia Minor, and Egypt, mixed in the society of the British Capital, and was presented at Court. Throughout all this she exhibited a character of reality, and horror of the sentimental and shallow; love tales she despised, preferring literature which dis. closed the stern realities of life, its sufferings and its hardships, and her force and zeal made for her, or, as she herself maintains, in the sentiment of true genius. found for her a career. Thus we find her

in 1851, instead of, with other maidens, pursuing the fluttering pomp and glittering vanities of life in London society, calmly and with an unflinching and unwearying earnestness going through the training for a nurse, in the Kaiserworth Institution on the Rhine, and eagerly examining and comparing the methods of working there and elsewhere. Next we find her attracting some attention, and exciting a number of ill-natured remarks, by leaving her father's house and becoming the matron of the Sanatorium in Harley Street, London, conducting the management of the establishmet, regulating its expenses. comforting its sick, and proving an able administrator of its affairs. In 1854, at the request of Mr. Sidney Herbert, and without hesitation, she with incredible speed got together a corps of able attendants, and proceeded to the seat of war in the East, to minister to the wants of the neglected sick and wounded of the British hosts. England never can forget the service she rendered to her; how when, on her arrival, she received the wounded from the terrible slaughter of Inkermann; how, then, struggling with the difficulties presented by imperfect hospitals, deficient commissariat, jealous doctors, almost useless attendants, she, the angelic maiden, passing from room to room with her observant eye, noting the sick and downcast, cheering, instructing, clothing, feeding, ventilating, made order out of chaos, and joy from a hell of suffering. No page of history is brighter than this. No man's heart that does not beat high with gratitude as he hears We have seen strong men reciting the tale of her appearance in their wards of suffering, in tones choked by emotion. One soldier told us the common men were hushed as in angelic presence, and as she passed would lean forward to kiss her shadow and mutter blessings on her. No one can number the lives she has already saved: statistics are at fault when they attempt to compute the numbers which the results of her observations will relieve. She has already reduced the mortality of the army from nineteen in the thousand to eight, in the time of peace. Her evidence before the Sanitary Commissioner of the Army is a great monument to worth. the midst of her philanthropic labors by the terrible Crimean fever. protracted by its virulence, she refused to be taken home. gent private affairs" needed her to go there; no, she suffered herself to be taken to the hospital on the cliffs at Balaklava and thence out to sea, where recruiting, she returned to her work at Scutari, and labored there to the close of the war, showing what hospitals ought to be, and how to make them. She has never rallied from the effects

of that sickness; and now she lies confined with a severe illness, and it may be while these lines are traced by our pen, her spirit is passing away to hear the sentence, "Well done, good and faithful servant," from the lips of its Judge. The latest news tells us of her lingering, but do not allow us to hope of her ever recovering, and leaving her bed of pain, far less of accepting that new charge pressed on her by the grateful people of England—the management of the institution for raising up a body of nurses to be her successors.

The book before us is a legacy which she leaves to her country-women, and one which we medical men will learn much from the perusal of. The examination of the work reveals to us the secret of her power, the reason of those arts we so much admire and honor. The authoress has a mind which considers nothing too great or too small for its attention; which bestows the same care and attention on the folding of a blanket and the quality of a cup of tea, as on the greatest schemes and plans it conceives. Her powers of observation are great, and cultivated to the highest degree, and this she inculcates as a first maxim on those who would nurse. Listen to her wise words:

"A celebrated man, though celebrated only for foolish things, has told us that one of his main objects in the education of his son, was to give him a ready habit of accurate observation, a certainty of perception, and that for this purpose one of his means was a month's course, as follows:—he took the boy rapidly past a toy-shop; the father and son then described to each other as many of the objects as they could, which they had seen in passing the windows, noting them down with pencil and paper, and returning afterwards to verify their own accuracy. The boy always succeeded best, e.g., if the father described 30 objects, the boy did 40, and scarcely ever made a mistake.

"I have often thought how wise a piece of education this would be for much higher objects; and in our calling of nurses the thing is itself essential. For it may safely be said, not that the habit or eady and correct observation will by itself make us useful nurses but that without it we shall be useless with all our devotion."

In this observing faculty which she possessed in so great a degree, we see not only how she could attend to economy in small matter but also how she was enabled to make plans compatible with the etent of her administration. How she does so much is a proof of the amazing power of littles."

One feature of the book to be particularly admired, is its spirit of modesty. She never speaks of herself, her own doctrines, or her own opinions, except where it becomes absolutely necessary to throw light on what she would say, in which case she tells what is absolutely necessary and no more. The great Crimea, with its scenes, the theatre of her public life, is not even named. Another feature of value is, that she has avoided allusion to any of these subjects—her own crotchets, perhaps—which led to any disagreement with other living authorities.

Small as the book is, it has supplied, as no other would have done. a desideratum, sought and spoken of; a book teaching us how to preserve good health, and how, when it is lost, to restore it. We recommend every practitioner not only to get it for himself, but to insist on his lady patients making it a hard study. We would recommend its introduction as a text-book in all ladies' schools, and thereby spread abroad among our families the knowledge of what nursing is and how Then we may accomplish as great a feat in the reduction of the mortality in our cities and nurseries, as Miss Nightingale and coadjutors have accomplished in the military service. The "notes" are not meant as a manual on nursing, but simply as hints for thoughts which the woman must work out for herself. woman," says she, " or at least almost every woman in England, has, at one time or another of her life, charge of the personal health of somebody, whether child or invalid—in other words, every woman is a nurse."

This leads us to notice how on several occasions the questions of "woman's rights" and "lady doctors" are introduced, and how they are treated with scorn and gently reproved. Let us quote some of her remarks on this subject:

"I would earnestly ask my sisters to keep clear of both the jargons now current everywhere, (for they are equally jargons;) of the jargon, namely, about the 'rights' of women, which urges women to do all that men do, including the medical and other professions, merely because men do it, and without regard to whether this is the best that women can do; and of the jargon which urges women to do nothing that men do, merely because they are women, and should be 'recalled to a sense of their duty as women,' and because 'this is women's work,' and 'that is men's,' and 'these are things which women should not do,' which is all assertion and nothing more. Surely woman should bring the best she has, whatever that is, to the work of God's

world, without attending to either of these cries. For what are they, both of them, the one just as much as the other, but listening to the 'what people will say,' to opinion, to the 'voices from without?' And as a wise man has said, no one has ever done anything great or useful by listening to the voices from without.

"You do not want the effect of your good things to be, 'How wonderful for a woman?' nor would you be deterred from good things by hearing it said, 'Yes, but she ought not to have done this, because it is not suitable for a woman.' But you want to do the thing that is good, whether it is 'suitable for a woman' or not.

"It does not make a thing good, that it is remarkable that a woman should have been able to do it. Neither does it make a thing bad, which would have been good had a man done it, that it has been done by a woman.

"Oh, leave these jargons, and go your way straight to God's work in simplicity and singleness of heart."

(To be continued in July No.)

The Academy of Medicine has appointed the following delegates to the American Medical Association—Drs. J. P. Batchelder, W. Blakeman, Gurdon Buck, Alonzo Clark, J. C. Dalton, Joel Foster, John W. Francis, A. K. Gardiner, Jacob Harsen, S. T. Hubbard, J. Foster Jenkins, C. Krackowitzer, John Miller, H. D. Bulkley, James M. Miner, John P. Garrish, Valentine Mott, Benjamin Ogden, William Parker, E. R. Peaslee, J. O. Pond, S. S. Purple, J. M. Smith, A. H. Stevens, E. R. Squibb, John Watson, Isaac Wood, J. R. Wood, H. W. B. Woodhull, and D. M. Van Pelt.

To the Sanitary Convention—Drs. A. H. Stevens, J. W. Francis, Wm. Rockwell, Stephen Smith, Isaac Wood, E. R. Peaslee, Jacob Harsen, J. D. Douglas, John Watson, John W. Sterling, John P. Garrish, and C. Henschell.

The Alms-House Department of the County of New York was abolished at the last session of the Legislature of this State, and the Department of Public Charities created in its place, which is under the charge of Four Commissioners appointed by the Comptroller.

A Bill to Regulate the Sale of Poisons passed the Legislature of this State, which requires persons who sell poisons to register the name and residence of the party purchasing, unless the article is purchased on a physician's prescription; the vial or box containing the poison sold must be properly and distinctly labeled.

#### APPEAL OF THE WIDOW OF HORACE WELLS.

HARTFORD, April, 1860.

Sir—As the widow of Dr. Horace Wells, I beg leave to address you. The discovery which my husband made, and which has so largely benefited mankind, has been to his family only a source of bitter misfortune. The experiments which he constantly made upon himself terminated fatally, and he died in fear and despair that the fame due him would not be accorded after his death.

The only inheritance which Horace Wells has left is the reputation which he had earned as a benefactor of mankind, and my highest ambition is to leave this unquestioned before the world.

In pursuance of this object, it is my intention to bring this subject before the Medical Convention, to be held at New Haven during the coming summer. I feel assured that there, at least, I shall have a full and patient hearing, and that my husband's brother physicians will deliberate well before they forsake a just cause—when it is that of the widow and orphan. Although it may now be too late to do anything but justice to my husband's memory, I pray that at least this may be accomplished, and that the evidence that he is the true discoverer may be endorsed by the Medical Convention. To this end, let me beg you to give some attention to the evidence which will be forwarded to you. It has been prepared by the friends of a helpless woman, whose duty it is to redeem the memory of a good man, and rescue the credit of his discovery from the grasp of men who, presuming upon his sensitive nature, and afterwards upon my helpless widowhood, have laid claim to a discovery which I know belongs to my husband alone.

Yours respectfully, ELIZABETH WELLS.

#### WHO "CONQUERED PAIN?"

Amongst those who have reflected immortal honor on their age and country—those who are entitled to be esteemed benefactors of mankind, is Dr. Horace Wells, a name apparently so little known or so litle regarded now, notwithstanding the priceless boon he has bestowed upon the human race, that the reflective mind marvels at the stolid ingratitude which has suffered his merits to be eclipsed, and permitted even temporary oblivion to rest upon his great achievements.

The gift thus bestowed upon humanity by Dr. Wells was so wonderful, so priceless, that had pagan Greece or Rome been so beholden to a man, he would have been elevated in their esteem to the

rank of their beneficent deities; temples would have been graced with his statues, and incense burned to signalize the great benefaction Nay, so startling was his discovery, so far in advance of all others was the good conferred, that only amongst the fables of a heathen mythology, or in the marvelous tales of the "Arabian Nights," can parallels be found, where one deity or genius bestows beauty, another riches, another immortality, to still the ceaseless cravings and complainings of the human race.

That marvelous gift to life was "Immunity from Pain." Yes, the body of man, a bundle of nerves at the best, was to arrive at a period in its history when even the hacking knife and grating saw of the surgeon might be smiled upon by the patient himself as diseased limbs and flesh were cut asunder. Yet, while monarchs and learned academicians exulted over the invaluable benefit—while the "groaning" hospital relapsed into silence and repose before its benign approach, the great discoverer of the god like boon was suffered to sink almost friendless and unregarded to a premature grave.

Can this be so? Is it true that in an enlightened age and amongst enlightened nations such a man should have been suffered to live almost unregarded and to perish comparatively unknown? Have the cries and shrieks of pain from battle-fields and hospitals died out in eternal silence under the influence of this discovery, while he breathed his last in neglect and sorrow, and does no statue of the immortal benefactor grace vestibule or place? Can lying impostors and charlatans appropriate his honors, and, denying his merits, grasp undeserved rewards from the blinded multitude of even philosophers, statesmen, and men of science? Dead, like the great philosopher, Sir Humphry Davy, as the consequence of pursuing too far his own discoveries—devoured, like the fabled Actæon, by his own hounds, let the world now come forward and do deserved, albeit tardy, justice to his merits and his memory.

Reminded once more of injustice to him by late accounts of military hospital practice on the great battle-fields of Italy, Montebello, Magenta, and Solferino, if we would finally vindicate his claims to the memory of a public benefactor, action can no longer be delayed, because a few more years sped, and the host of unimpeachable living witnesses will be gone from the stage of action, leaving to another generation the performance of a sacred duty—a duty which fairly belongs to the present.

As a powerful synopsis of the case, then, as an introduction to the

question at issue, let us first appeal to one of the most eloquent articles concerning this matter that we have ever seen on any subject. It is high authority, too, from the editorial department of a late number of the Virginia Medical Journal, published at the capital of that State.*

We have given the foregoing in advance of the testimony to be adduced upon the points at issue, because the question thus clearly presented, when followed out in the same order by irrefragable evidence, becomes thereby of easy apprehension to all—even to those who have not time or inclination to examine a large mass of testimony in detail. And, guided by the landmarks so plainly laid down, we shall endeavor, while seeking to do justice to the much-regretted dead, so to exhibit the question in all its bearings as to avoid any tedious array of facts, whilst not a doubt will be left to weaken the claim of Dr. Wells to the high honor sought.

The great leading fact is undeniable in regard to the only other two claimants for the honor, that one (Morton) made his experiment with ether the 30th day of September, 1846, whilst the other (Jackson) claims the discovery "in conjunction" with Morton, over his own signature, no earlier than the 26th of October, 1846.

This is all we have to do with as against Dr. Wells.

And this, to them, is rendered absolutely of no value, since each, attempting to cheat the other, had rendered the testimony of either worthless as to Dr. Wells. In his quarrel with Jackson, Morton declares, over his own signature, that Jackson pronounced the discovery "a humbug," and that it was "reckless in him (Morton) to use it as he does;" that he (Jackson) did not care what Morton did with the discovery, "if he does not drag my name in with it." Placing their assumed discovery as late as 26 October, 1846, in the specification of their joint patent, Dr. Jackson made oath "THAT IT HAD NOT BEEN PREVIOUSLY KNOWN." With the fact established beyond all shadow of controversy, that the time above specified was the earliest period at which either of these men claim the merit of a discovery, let us make a synopsis of the testimony in favor of the discovery made by Dr. Wells TWO YEARS previous.

Synopsis of Testimony.

Thomas W. Kennedy, M.D., and P. B. Mignault, M.D., make oath before Hon. Josiah Quincy, Mayor of Boston, that in the fall of 1844,

^{*} Already published in the GAZETTE.

while attending medical lectures given by Dr. Warren, of the Massachusetts General Hospital, they were addressed by Dr. Wells on the subject of "rendering the system insensible to pain during the inhalation of exhilarating gas." Dr. C. A. Taft testifies to the same fact, and Dr. John C. Warren certifies that these gentlemen were all in attendance on his lectures at the time specified.

Daniel T. Curtis, a citizen of Boston, also testifies before the Mayor that he was present with the medical class on the occasion referred to.

- S. Fuller, M.D., of Hartford, Conn., certifies to the fact that Dr. Wells had the reputation "for more than two years prior to March, 1847, in that city, of having made a discovery which enabled him and others to extract teeth without pain, by the use of exhilarating gas;" and he adds: "There is no doubt in my mind that said Wells discovered and made the first practical application of this principle in surgical operations."
- Dr. P. W. Ellsworth declares that to his "full knowledge, nitrous oxide gas was administered two years earlier than this, (the period claimed by Morton and Jackson,) namely, in 1844, by Wells, and that many teeth were extracted without pain under its influence, and that Wells went to Boston at that time, as I was then informed, for the purpose of introducing the gas to the attention of surgeons in that city." Dr. Ellsworth adds: "In my mind, there is not a shadow of doubt that the whole merit of the discovery of this thing rests with Wells, and with him alone."
- E. E. Marcy, M.D., of Hartford, (now of New York,) testifies to operations performed by Wells, under the influence of ether, in 1844, and says:
- "In conclusion, I beg leave to offer it as my opinion, that the man who first discovered the fact that the inhalation of a gaseous substance would render the body insensible to pain during surgical operations should be entitled to all the credit or emolument which may accrue from any substances of this nature."
- G. B. Hawley, M.D., testifies in 1847 to the fact that he "was familiar with the successful operations of Wells" in extracting teeth without pain by the aid of nitrous oxide gas, and he alone was regarded as the author of the discovery.

John M. Riggs, surgeon-dentist, of Hartford, Conn., certifies before the Mayor of that city, that in November, 1844, he was consulted by Horace Wells "as to the practicability of administering nitrous oxide gas prior to the performance of dental or surgical operations;" that the trial was made; that the *first* experiment was successful, and subsequent operations continued to be so; "that the said Wells avowed his intention to communicate his discovery to the dental and medical faculty, and in pursuance of that intention, proceeded to the city of Boston, State of Massachusetts, for that purpose, whilst he (Dr. Riggs) continued to use the said gas with great success, the patients assuring him that they felt no pain."

Mylo Lee, citizen of Hartford, testifies before the Mayor of that city to having had a tooth extracted by Dr. Wells in November, 1844, while "under the influence of the nitrous oxide gas;" that "the operation was attended with no pain whatever."

- F. C. Goodrich, citizen of Hartford, also certifies before the Mayor of that city that "during the winter of 1844" he "learned that Dr. H. Wells had discovered the mode of extracting teeth without pain;" that it "was accomplished by administering to the persons operated upon exhilarating gas or vapor, which, it was asserted, rendered the human system insensible to pain;" that "the Doctor was most successful, extracting from me a large firmly-set bicuspid tooth without the slightest sensation of pain;" that he witnessed "the same process by Dr. Wells upon several individuals, accompanied in every instance with perfect success."
- J. Gaylord Wells, citizen of Hartford, also testifies before the Mayor "that more than two years prior to this date," March 26, 1847, that being informed of the discovery of Dr. Wells, he "inhaled the exhilarating gas, and under its influence had six teeth extracted without pain." He adds: "that for more than eighteen months from the time I first submitted to this operation by the application of gas, I heard no other name mentioned as the discoverer except that of the above-named Horace Wells."

Wm. H. Burleigh, Esq., editor of the *Charter Oak* newspaper, now of New York, testifies essentially to the same facts—namely, that two years prior to March, 1847, he had two teeth extracted by Dr. Wells without the *least suffering*, "while under the influence of the gas."

Dr. Marcy subsequently testifies further. He certifies before a magistrate of Hartford, by certificate, dated December 1st, 1849, that he "was aware of the fact of Dr. Wells' visit to Boston in 1844, for the purpose of communicating his discovery to the faculty of that city. I also had an interview with Dr. Wells soon after his return from Boston, when he informed me that he had made known

to Dr. C. J. Jackson and Mr. Morton the anæsthetic properties of the nitrous oxide gas, the ether vapor, and other analogous substances. He also informed me that he had made an imperfect trial with the gas before Dr. Warren's class, but that the experiment was not satisfactory on account of the patient's getting an insufficient quantity of the gas. He further informed me, that his discovery and his whole idea respecting anæsthetic agents was ridiculed by Dr. Jackson and other medical men of Boston, but that his former pupil, Morton, swallowed this ridiculous idea greedily, and kept it down until 1846, when he ejected it at Washington in the form of a patented compound—mark the word, compound—called Letheon."

And Dr. Ellsworth, also in another certificate of subsequent date, says: "I am perfectly aware of Mr. Wells' visit to Boston for the purpose, as stated at that time, of announcing his discovery, and giving it a fuller trial at the hospital in that city, and also his dissatisfaction with the results of his visit, both as to the success of his experiment before Dr. Warren and his class, and the reception with which his idea met." He adds: "Having full information respecting the circumstances attending the birth of this discovery, and also having carefully perused the statements of Jackson and Morton, I have seen no reason to change my opinion, or in the slightest manner doubt that to Wells alone belongs the whole honor of first using any substance by inhalation for the mitigation of pain."

Sixteen members of the medical fraternity of Hartford—Drs. Fuller, Sumner, Rogers, Beresford, Grant, Barry, Marcy, Taft, Dodge, Ellsworth, Russell, Hawley, Hunt, Crary, Schue, and Lee—also express their implicit reliance upon the statements made in the various certificates quoted as bearing upon the period of the discovery by Dr. Wells, and concluded their statement in the following words: "We take pleasure, also, in expressing our entire confidence in the integrity of the said Horace Wells, than whom no person in our city is more favorably known as a gentleman of honor and integrity. We know, moreover, that he has for several years past successfully devoted himself to subjects pertaining to invention and discovery."

Finally, we have the following noble and emphatic testimonial by the assembled legislative wisdom of the State of Connecticut:

"Resolution of the General Assembly of Connecticut, of May, 1847.
"Whereas, it being understood by this Assembly that Dr. Horace
Wells, of Hartford, discovered, in 1844, that nitrous oxide gas, or
the vapor of ether, inhaled [by] persons, causes insensibility to pain, in

amputation, or other surgical operations, which discovery has been most honorably noticed by various medical societies in London, and by the Academy of Medicine, and by the Parisian Medical Society in France, and has since been in use in England, France, and in this country: therefore,

"Resolved by this Assembly, That the aforesaid discovery by Doctor Wells, of Hartford, Connecticut, of the use of nitrous oxide gas, or vapor of ether, in surgical operations, is of great importance to the public, and entitles the inventor to the favorable consideration of his fellow-citizens, and to the high station of a public benefactor."—Passed by the Connecticut Legislature in 1847.

It is some consolation to know that *late* events point to a recognition of Dr. Wells by the learned world as the one *alone* entitled to the gratitude of mankind for this great discovery, and this is seen in the fact, amongst others announced, that the Hon. Truman Smith, who has hitherto, in his place in the United States Senate, defended the claims of Dr. Wells with an ability and disinterestedness beyond all praise, in a New York paper of last year, uses the following emphatic language:

"In my former communication, I stated that I had stood pretty much alone in efforts to assert the claims of Dr. Wells and the rights of his widow and child; but I am happy to say that is to be so no longer, as will appear from the following communication, which I have recently received from the Right Rev. Bishop Brownell, ex-Chief Justice Williams, and other citizens of Hartford, of high distinction:

#### Hon. Truman Smith:

HARTFORD, Dec. 18, 1858.

DEAR SIR—As the city of Hartford had the honor of giving birth to anæsthesia, or the use of gases and vapors, for the alleviation of pain, and believing that the claims of the late Horace Wells, as the author of that discovery, have not been brought as fully before the world as the case demands, we request you, at your convenience, to give our citizens a history of that great discovery, and the efforts made to deprive Dr. Wells of his just rights.—T. C. Brownell, Th. S. Williams, Wm. W. Ellsworth, Seth Terry, B. Hudson, Harvey Seymour, James W. Bunce, T. M. Allen, S. B. Beresford, M.D., B. Rogers, M.D., P. M. Hastings, M.D., A. W. Barrows, P. W. Ellsworth."

But we need not multiply the overwhelming proofs. The language of Dr. Wells himself is definite and emphatic. After mentioning the first successful experiment, that on himself, he says: "This was in

the fall of 1844. Being a resident of Hartford, Connecticut, I proceeded to Boston in December of the same year, in order to present my discovery to the medical faculty; first making it known to Drs. Warren, Hayward, Jackson, and Morton; the last two of whom expressed themselves in the disbelief that surgical operations could be performed without pain—both admitted that this modus operandi was entirely new to them; and these are the individuals who now claim to be the discoverers."

There is, as we have said, an emphasis in this simple statement of Dr. Wells which must convince every unprejudiced mind, the honest judgment of all men, of the shameless injustice sought to be perpetrated, and this even in the absence of the mountain of unimpeached and unimpeachable testimony we have brought forward. And these men, mark the fact, sought a patent for the discovery—wished to monopolize the blessings to flow from it—whilst Dr. Wells, in the publication from which we have just quoted, says, in the manner of one whose whole being overflowed with benevolence, that, whilst he was "well assured that it was a valuable discovery—he was desirous that it should be as free as the air we breathe."

Why, that was the very spirit of benevolence itself, proving the discovery worthy of the source from which it emanated. No mean spirit actuated him in seeking to vindicate his claims to the high honor to which he was entitled, and mankind now, in awarding to him what is his just due, may turn to the memory of the man himself with just pride. He is in his grave, a victim to his great discovery, having experimented too far upon his own frail system, and for the good of mankind. No contests or awards can disturb him more; but the dishonest attempts to deprive him of his honors have aroused those who knew his worth, who will never cease battling until his claims are established.

Some stress has been attempted to be put upon a letter written by Dr. Wells, in Oct., 1846, in answer to one from Morton of a previous date, in which he cautions Dr. Morton not to dispose of certain "rights" the latter claimed to a "compound" he said he had discovered. This letter is fully explained by Dr. Wells in another of April, 1847, where he says:

"The letter which is there introduced with my signature was written in answer to one which I received from Dr. Morton, who represented to me that he had discovered a 'compound,' the effects of which, as described by him, entirely eclipsed those produced by nitrous

oxide gas or sulphurate ether; he stating that his compound would invariably produce a sound sleep, the length of which was wholly optional with the operator; that he had not made a single failure in one hundred and sixty cases, etc. He also stated that he had obtained a patent for this compound. I accordingly started for Boston to learn more of this improvement on my discovery, with which I had made him acquainted long before. While at his office I saw the (so called) compound administered to a patient; it apparently had the same effect as the gas, which I had many times administered for the same purpose. Before I left for home, the gas was given to several other patients, with but partial success—at least so said the patients with whom I conversed. I then inquired about his patent, (his assumed 'rights,') and found, to my surprise, that he had not obtained one, nor even made an application for one; this being done at a subsequent period, as the date of his specifications and patent clearly show."

Very effectually does this plain statement from Dr. Wells dispose of Dr. Morton's "rights" to any superior "compound" he had claimed consideration for, in his letter; and here this part of the question may safely rest.

And now a few words further as to the light in which this invaluable discovery is viewed abroad. In Dr. Ronx's Report from the Committee of Eminent Surgeons and Physicians of France, on the Prizes in Medicine and Surgery for the years 1847 and 1848, the following decisive language is held:

"A splendid service has been rendered to science and humanity in the discovery of a means nearly infallible, or at least successful in the generality of cases, of rendering man temporarily insensible to pain, with a transient perturbation only, after which all the functions return to their natural play. There have been, indeed, deplorable instances of baneful effects by anæsthetic agents, from adscititious causes, but the number of them is infinitely small, compared with the prodigious multitude of trials. There is no exaggeration in asserting that, from the time—a little more than three years since—the inhaling ether or chloroform has been introduced into the practice of physic and surgery, a hundred thousand individuals—first in America and by American surgeons, who enjoy the glory of the initiative, and then in different parts of the world—have been subjected to it; and in this number, not more than twelve or fifteen disastrous cases can Owing to their particular situations, some of the members of your Committee—two particularly, Messrs. Velpeau and Ronxhave been called to pay a large tribute to science as it regards the employment of anæsthetic agents. Their single experience is imposing enough. Since the end of 1846, Drs. Velpeau and Ronx have each, apart, practiced etherization, properly so called, first; then chloroformization, five hundred times at least; a thousand or twelve hundred individuals, or more, perhaps, have been anæsthized by their hands or under their eyes, in order to be subjected to surgical operations more or less grave; and they, the surgeons, have never seen the practice attended with instant death; both doubt that it ever had a bad influence on the consequences or proper results of their operations; they are disposed, on the contrary, to ascribe to it a favorable influence."

The New York Journal of Medicine, in an able article on etherization and chloroform, uses the following emphatic language in relation to Dr. Wells:

"Although he (Dr. W.) is now beyond the reach of praise or censure, we rejoice that justice will at least be done his memory, and that professional opinion is so unanimously awarding him the sole credit of introducing and establishing the existence of anæsthetic agents;" and in another part of the same article adds: "Let us hear what Dr. Warren says on this subject.

"'In this country,' (says Dr. Warren,) 'Dr. Horace Wells, of Connecticut, made many trials of this gas in 1844. In the autumn of that year he came to Boston, and in company with Dr. Morton, visited me at the Medical College, for the purpose of requesting that the Medical Class should have an opportunity of hearing some remarks on the use of the nitrous oxide for the prevention of pain. These remarks were actually made, and at a subsequent day a trial of the gas took place. But as I was very much occupied at the time, these occurrences made so little impression on my mind, that when, in the latter part of 1846, we were assailed in regard to Dr. Morton's first experiments for a too great facility of adopting novelties, and the facts above mentioned were brought to corroborate the charge, I was for some time not able to understand the grounds of the attack. Dr. Wells, however, in the summer of 1847, mentioned to me circumstances which recalled to my mind his visit; and his statement was afterwards confirmed by that of Dr. Morton. Such are the facts within my knowledge of Dr. Wells' efforts to discover a mode of preventing or alleviating pain in surgical operations. It appears that he actually did prosecute his trials in Connecticut and elsewhere to

such an extent, that when the matter was investigated by the Legislature of the State in the winter of 1847, his labors were thought worthy of honorable notice."

"And yet," says the Journal, "Dr. Warren claims for Boston the honor of the discovery."

That paper continues:

"Now let it be observed, that Dr. Wells has proved that, as early as 1844, he had performed more than twenty successful operations, while his patients were in an insensible state, under the influence of nitrous oxide and ETHER; that he communicated the discovery of this condition, and made known these facts to Drs. Morton, Warren, etc., in the fall of 1844, namely, the discovery of an agent 'for the prevention of pain;' for the former state in their specification (Boston Med. and Sur. Jour.) that this is what they claim as their discovery! We cannot refrain from expressing our conviction that Dr. Wells has been very unfairly treated, and that the time has come for awarding him the justice he so richly merited. Is it unfair to suggest that, or even unreasonable to conclude, that the tragical event that ended the labors of Dr. Wells was induced in a measure by a consciousness of his own deserts, joined to an apparent unconsciousness of them by his professional brethren? It is indeed a saddening reflection, that had his discoveries, to which others who enjoyed his confidence unjustly lay claim, been duly awarded him, and duly appreciated while he lived, he now might be (among) a valued and useful member. Rarely is desert awarded or even acknowledged here; too often, as in this case, justice comes too late, and it is only when reward is useless and praise an empty sound, that the name of the true benefactor is heard. But from his ashes let the truth arise, and in this mournful instance we can only say,

'Palmam qui meruit ferat.'"

And now, in view of what we have presented, in view of the unanswerable testimony we have adduced, we call on the members of the Medical Profession everywhere to come forward and do long-with-held justice to the memory of Dr. Wells. Let American Physicians and Surgeons especially, who (in the language of one of the splendid tributes from abroad we have quoted) "enjoy the GLORY of the initiative," let the American members of the profession come forward, and do simple justice to the memory of one who procured for them, at the cost of his life, the shining honor thus handsomely acknowledged by the eminent surgeons and physicians of France. Will they do this?

#### CUBA FOR INVALIDS.

By R. W. GIBBES, M.D., of Columbia, South Carolina.

The necessity of a change of climate to northern invalids, to avoid the cold of winter, makes it important that they should know where to go. An indefinite direction, "Go to Cuba," is constantly given by their medical advisers, most of whom have no experience of the localities of the Island, and of the exposure, inconvenience, and positive dangers of some of them. The want of proper accommodation out of Havana, and the exaggeration of difficulties of transportation, as well as denunciation of the country for want of medical assistance in case of illness, which it is the interest of hotel-keepers to impress upon visitors, induce a large number to remain in that city, which is the worst place on the island for those enfeebled by disease or with nervous irritability. The hotels are usually crowded, the accommodations forced, the streets filthy, causes of excitement, in the way of amusements and sights, abundant and enticing, the atmosphere loaded with the thick vapors of a large city, and more important than all is the prevalence of cold northers and a varying temperature, so oppressive, uncomfortable, and injurious to the invalid. We say nothing of the expense of living in Havana, which is much beyond that of the country, and as enfeebling to the pocket as its changes of temperature are to the constitution.

After careful examination of many places, and particular inquiry from proper sources, I have become satisfied that the south side of the Island presents the most positive advantages to the invalid during the winter months. A residence at Trinidad, with rapid and steady improvement for several weeks in its delightful climate, enables me to commend it as the most salubrious position I found. It is beautifully situated on the side of a mountain, and the Hotel de la Grande Antilla admirably located, about 400 feet above the sea, presenting a view of nearly the whole city, and of the bay and sea beyond. There is a constant breeze of the most delicious air, soft and balmy, and most grateful to fevered systems or weak nervous power-the temperature varying from 73° F. to 82° F. During the past winter, the 18th of December was the coldest of the season, when the thermometer stood at 67° F. Dr. Urquiola, a practitioner of thirty years, informed me that he had never known, during that time, the thermometer as low as 56° but once, and that for a day, in 1842. The temperature is so equable, and the sea-breeze so uniform, and,

perhaps, strange to say, dry, that the invalid cannot have a more desirable location. The city is the cleanest on the Island, and sloping gradually to the sea, its well-paved streets are washed by every heavy rain. Its freedom from dust and mosquitoes is a great consideration. In addition to the climatic influences, the hotel is a good one, now kept by Mr. Bernard, of Havana, who promises to use every effort to give full satisfaction to his guests.

The importance of proper diet, to make good blood to recruit the failing energies, or to restore them when reaction commences, from depressing influences, cannot be too highly estimated; and in this point of view there is as much necessity for a good table as for fresh Garlic and onions, and Spanish oil, are abundantly used in Spanish cooking, with the constant addition of saffron to color the dishes; but the French cuisinière of Bernard is far preferable, and you get good "biftek" and mutton chops, though the latter are sometimes made of pork. Wild ducks are plenty, and poultry and eggs. with a large variety of vegetables, are well served up. Since the experiments of Beaumont, showing the easy digestibility of crab and lobster, I may venture to say that the latter is far superior and more delicate at Trinidad than the northern specimens. Fish is a constant dish, and the pargo equal to any of other regions. Fruits are abundant, though not in as great variety as at Havana.

Cienfuegos is a neat city, situated on the Bay of Iagua, and has a good hotel, but is hot, dusty, and full of mosquitoes. At Cardenas the latter are distressingly numerous and annoying, and you find them at most of the interior towns. The railroad from Cienfuegos to Sagua will enable visitors to cross the Island on their return, though at Sagua there is no inducement to stop, as there is only a fonda of the poorest class. At the boka of Sagua, the shipping port, twelve miles below, there is a very fair hotel, built on piles in the river, where one may enjoy a fine sea-breeze while waiting for the steamer, which you may take either to Matanzas outside, or among the Cayos within. The latter presents a beautiful navigation among the Keys, where flamingoes and other sea-birds present a lively addition to the interesting scenery.

At Trinidad the invalid has fine scenery and pleasing walks. From the mountain in the rear of the hotel, the picturesque valley of Trinidad, dotted with *ingenios*, or sugar estates, may be seen for miles, spreading its varied vegetation of sugar-cane, cocoanuts, mangoes, and other beautiful trees, under the seeming protection of the royal

palm, whose stately crest is so richly ornamented with its plume-like foliage.

The rail-car leaves at 6, A. M., and passes through the rich valley of *Manaca*, the ingenio of Señor Isnaga, where the processes of making angar may be seen, and a fine view had from the tall tower, and the visitor may return by 10, A. M., to breakfast, or in the afternoon. *Volantes* may be had for rides to the beautiful *quintas*, or country seats, in the neighborhood, of which one kept by Mr. Cascelles may be found a quiet retreat for those who prefer a location in the country.

Trinidad is a quiet place, but the theatre is occasionally opened, with opera troupes and other performances, and twice a week the fine regimental band, not excelled even in Havana, entertains the citizens in the plazas, and brings out the Cuban ladies to take exercise. The Plaza de Armas being opposite the hotel, the exquisite music is enjoyed from its marble halls; but the Plaza San Antonio is only a short walk, and exposure to night air seems to be free from deleterious effects in this delightful climate. The institution of these musical soirées by the Government in the Cuban towns is productive of much pleasure and advantage to the citizens, and it would be quite a valuable addition to our public amusements to have it introduced into our squares and parks.

To persons with threatened or incipient pulmonary disorder, or broken down by over-work, or recovering from acute disease, a residence in Trinidad may be commended by one who has experienced the benefit of it. In advising it, however, I would impress upon all who go there not to jeopardize their improvement by leaving before April, when northers are divested of their rawness. They may then visit some of the other localities of the Island, which present such scenery as only a tropical region can furnish. The fine city of Matanzas may well attract them; if not for its own advantages, for the unsurpassed loveliness of the views of the Yumuri valley, from the heights of the Cumbre.

For the benefit of travelers, it may be as well to mention that the morning train leaves Havana at 6, and arrives at Batabino at 10, a. m., where they take a fine steamer, (every Wednesday,) with staterooms on deck, and arrive next day to dinner at Trinidad. The navigation is in sight of land the whole way, and the scenery quite attractive.

### Clinical Lectures on the Diseases of Women.

By J. Y. Simpson, M.D., F.R.S.E., Professor of Medicine and Midwifery in the University of Edinburgh.

GENTLEMEN—With perhaps one single exception, I have now discussed all the means of treatment, Medical and Surgical, which are usually employed for the palliation or cure of Ovarian Dropsy. have tried to point out to you the respective dangers and advantages of each different mode of treatment; and so far as my judgment and experience have enabled me to decide upon their comparative merits, I have endeavored to guide you to a proper estimate of their relative value, and to a correct appreciation of the results likely to ensue from their adoption. From what I have told you, you will have gathered that there is no one form of treatment which should be carried out constantly in all cases, or in preference to all the others. hope you have concluded that for the enforcement of any plan of treatment in any particular case you must be guided by a judicious Eclecticism, carefully weighing the chances of death or the prospects of cure attendant on each form of operation, and choosing that which affords most hope of permanent benefit and entails least immediate risk in that special kind of case. But if I have spoken clearly, you must have learnt further that, although a permanent and perfect cure may and does sometimes result from the performance of the operations already described, yet each and all of them may fail in effecting a cure, or even in producing more than the most temporary relief. Nay more, there is not one of them that is altogether free from danger; while some of them are fatal in a high degree. Hence you may meet in practice with cases where you cannot see your way to the employment of any of them. You may also meet with a patient who has been tapped again and again without the slightest benefit; or in whom the injection of iodine offers little chance of cure from the multitude of comparatively minute cysts; or where the formation of a fistula leading outward cannot be followed out without the prospect of the most disastrous consequences; where the letting out of the fluid into the peritoneal cavity would prove almost certainly fatal, and where none of the other forms of operative treatment need for a moment be thought of. In such a case you may well inquire whether there be not yet some other means which might afford your patient a chance of life, or whether you must stand by, impotent and powerless, and see her slowly and helplessly perish? The question has!

already answered to some extent, and many women who seemed doomed to die of this disease now live in the enjoyment of perfect health, and thankful to the bold and skillful men who freed them from their trouble by the successful performance of a dangerous and difficult operation. In such cases a complete cure has been effected by making an incision through the abdominal wall, tying the pedicle of the ovarian tumor, and cutting off the whole of the morbid mass. I allude, of course, to the operation of ovariotomy. I need say but little with regard to the

# History of the Operation.

Excision of the ovaries, as you know, has long been performed and practiced in the lower animals. This operation of "spaying," as it is called, is performed with the view of preventing the animals from breeding, and for the purpose of more rapidly fattening them. applied to the human female also, the operation is not a new one. Athenœus, in his Denosophists—that strange and gossiping medley of the ancient "Curiosities of Literature"-tells us, on the authority of Xanthus, that "Adramyttes, the King of the Lydians, was the first man who ever castrated women, and used female eunuchs instead of male eunuchs;" and a similar practice is said to have been followed by several kings, and among a few nations of antiquity. Coming down to a much later period, we find Boerhaave relating that a swinespayer once castrated his daughter, as being the most effectual means of putting an end to her licentious practices. But perhaps the first occasion where extirpation of the ovaries was had recourse to as a surgical operation, was when Percival Pott cut down upon a small tumor in either groin of a young female, and removed from both sides a body which had all the appearance of an ovary, and which was apparently—as proved by the physiological results, as well as by anatomy—nothing else than this organ contained in a hernial sac, and liable to pain on compression in its new position. It is usually stated that L'Aumonier, of Rouen, was the first to perform ovariotomy, in 1776; but besides that it had been done before his time, it appears, when the history of his case is looked into, that his operation rather consisted of the opening of a pelvic abscess in a puerperal female, by cutting through the abdominal walls, and removing the ovary along with some of the other structures at the side of the uterus. The operation of ovariotomy, as now understood and practiced, was not in reality methodically performed till the beginning of the present century. The propriety of removing ovaries which had

become the seat of cystic or other forms of degeneration had been discussed previously, and defended by Plater, Vanderhaar, Delaporte, Morand, and others; while Diemerbroeck, De Haen, Morgagni, etc., gave expression to unfavorable opinions. But Dr. Ephraim McDowell, of Kentucky, seems to have been the first practitioner who actually performed excision of the ovary in the case of a patient who was the subject of ovarian dropsy; and this operation, which was performed in 1809, proved so successful that he had recourse to it in at least eight cases afterwards. For a time it was not adopted by any other surgeons. In 1823 it was taken up by Mr. Lizars, of this city, who opened the abdominal cavity for the purpose of performing ovariotomy in four cases. In one of the four patients no tumor at all was found; in a second patient the tumor was not ovarian, but a pediculated fibroid tumor of the uterus, arising from the fundus, and was left unremoved. This patient lived for above a quarter of a century afterwards, and I saw her body opened by Dr. Myrtle. Both ovaries were small and healthy. In only two cases did Mr. Lizars find an enlarged overy and remove it. One of these two patients died; the other recovered, and lived for some years. here show the appearances represented by the abdominal organs in this last patient, as seen after death. There is no trace, you will observe, of any return of ovarian tumor, and the parts at the seat of the extirpated ovary are strongly adherent and matted together. Mr. Lizars' results were such as not to encourage surgeons to follow him: nor did he himself persevere in testing further the propriety of opera-Indeed, the revival of it is principally due to the exertions and example of Dr. Clay, of Manchester, who operated on his first case in 1842. Since that time Dr. Atlee, of Pennsylvania, Mr. Spencer Wells, and various others, have performed the operation in a great number of cases. It has now been performed probably nearly 400 times in all, although the published statistical data do not show the result in many more than 300 cases. Dr. Clay has himself operated now in 93 cases. The operation, however, has met with great opposition from all classes in the profession; and before proceeding further, it will be well for us to inquire into some of the more ordinary

# Objections to Ovariotomy.

1. It is a Dangerous Operation.—It has been objected to ovariotomy, first of all, that it is a very dangerous and formidable operation; and as a matter of fact, the observation cannot be gainsaid. To open into the abdominal cavity of any patient, and remove from it a

large morbid mass, is to expose that patient to many great perils, both immediate and more remote, however skillfully the operation may be conducted, and however sound the constitution of the patient horself may be. But if an operation must be rejected simply on the mere ground that it is dangerous, then there is an end to all the efforts of surgery; for no operation that is ever performed—not even the most trifling-is altogether free from danger. But this operation of overiotomy, it is averred, is so much more dangerous than any other kind of operative procedure that it ought not to be recognized and performed as a legitimate surgical proceeding. Let us see how far this allegation is founded on fact, by comparing the mortality from ovariotomy with the mortality from other capital operations, which are not only considered as legitimate, but which surgeoms count it a glory to perform. You will be best able to form a correct idea of the relative degree of mortality resulting from ovariptomy, as compared with other capital operations, if I set before you in a tabular form the results as they have been reported by different surgeons, or as occurring in different hospitals:

Tables 1.—Martality after Ovariotomy and after various other Capital Operations.

Reporter.	Nature of Operation.	No. of Cases.	No. of Deaths.	Proportion of Deaths.
Fock,	Ovariotomy,	292	120	41 in 100, or 1 in 2½.
Atlee,	Ditto.	179	59	33 in 100, or nearly 1 in 3.
Simon,	Ditto,	44	32	73 in 100, or 1 in 1 .
Clay,	Ditto,	93	29	31 in 100, or 1 in 31.
Peacock,	Amputation of limbs,	72	35	49 in 100, or 1 in 2.
Cooper and Inman,	Herniotomy,	622	296	47 in 100, or 1 in 210.
	Ligature of innominate artery,	14	14	All those operated on have died.
Inman,	Ditto of subclavian,	40		45 in 100, or nearly 1 in 276.
Inman and	Ditto of other large			10.
Phillips,	arteries,	370	123	33 in 100, or 1 in 3.
Cox,	Amputation at hip- joint for chronic dis-		Wij.	
	ease,	24		75 in 100, or 1 in 13.
Malgaigne,	Amputations of limbs	852		33 in 100, or nearly 1 in 2½.
Malgaigne,	Ditto of thigh,	200		61 in 100, or 1 in 13.
Lawrie,	Ditto of limbs,			36.6 in 100, or 1 in 27.
Fenwick,	Ditto,	4937	1565	32 in 100, or 1 in 315.

The table does not profess to give an accurate analysis of the results in all cases of ovariotomy, any more than it shows the precise

amount of mortality attendant on all the other kinds of operation referred to. The mortality from ovariotomy, like the mortality from other operations, differs much at different times, and when performed by different operators. In Germany they have been particularly unfortunate with this operation; and hence the statistics of Simonwhich refer exclusively to cases operated on in Germany—show a tremendously high rate of mortality. It is difficult to understand why the operation should have proved so fatal in the hands of operators so distinguished as Kiwisch, of Würzburg, and Langenbeck, of Berlin: the latter of whom lost five out of the seven patients on whom he operated, while the former had as high a rate of mortality as one in two. This want of success is all the more striking when we contrast the results of the operation, as performed by these men. with the results obtained by Drs. Clay and Atlee from the same operation: the latter of whom has lost only one in three patients. while the former has had so low a rate of mortality as one in three and a fifth of the whole number of patients operated on. But, taking the data of the laboriously-compiled analysis of Fock, as presenting a fair average of the general results of the operation up to within the last few years, you will perceive that we have a mortality attending ovariotomy of about forty-one per cent.-or, in other words, two patients die out of every five operated upon. Now, if you compare this rate of mortality with the rate of mortality attendant on other great operations, you will find that ovariotomy is less fatal than some, and but slightly more formidable and dangerous than others. It is hardly more fatal, for example, than amputations of limbs are shown by Malgaigne to have been in the great hospitals of Paris, where about thirty-nine per cent. of all the patients die after amputation of the leg, thigh and arm; and it is less fatal than the same kinds of operation are shown by the statistics of Dr. Peacock to have been in our own Edinburgh Infirmary, where more than forty-eight per cent. of all the patients subjected to amputation of the arm and thigh died from the effects of the operation. It is less fatal than herniotomy; less fatal than the operation of tying the subclavian artery; less fatal than amputation of the thigh; and far less fatal than amputation at the hip-joint. Well, then, if ovariotomy is to be condemned as an unjustifiable operation, and rejected altogether from surgical practice, on the simple ground of the high rate of mortality attendant upon its performance, then, to be consistent, surgeons must cease to perform various other operations which have been

shown to be on the same level with ovariotomy as regards their ratio of mortality, or even to be more fatal than ovariotomy. They seem to regard the ligature of the arteria innominata as justifiable, though every patient upon whom the operation is performed dies, though they regard ovariotomy as not justifiable, though three out of five operated upon recover. But it is argued by some surgeons that, though this operation may not be more fatal than some others which they think they do right to perform, yet ovariotomy is an operation to be eschewed because, in all proper and justifiable operations, the rate of mortality goes on diminishing with our advanced knowledge of their particular requirements, and with our improved means of carrying them out; while, in the case of ovariotomy, the rate of mortality does not diminish; but they argue,

2. The Operation is as Fatal now as it was at first.—This objection might be held to be of some weight, if only it were founded indubitably on fact. But it seems to be doubtful, if not utterly erroneous, and is properly traceable to the practice, too commonly pursued by writers on this subject, of giving only the general result of all the operations that have ever been performed, without making any analysis or statement as to the difference in the mortality of the later, as compared with that of the earlier cases in which the operation was had recourse to. For if we look at the results of the operation as it has been performed by men who have specially directed their attention to it, with the view of finding what difference there is between the mortality of their earlier and that of their later cases, we discover a very striking and most convincing contrast. Thus Dr. Atlee records that

In the first 101 Operations there was 1 death in every 235 cases, while In the last 78 " 1 death " 32 cases.

Thus showing a diminution of nearly ten per cent. in the rate of mortality in the last as compared with the first set of operations. Again, an analysis of Dr. Clay's cases furnishes a still more convincing proof of the fallacy of the objection to ovariotomy which we are now considering. Dr. Clay published the following table of the results of his operations in the year 1856, up to which time he had performed it in 71 cases:

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In the first 20 Operations there was 1 death in every 2½ cases.

In the second 20 " " 1 death " 3½ cases, while
In the last 31 " " 1 death " 4 cases.
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Such a table shows how, in the hands of a careful and intelligent

operator, the mortality from this severe operation may go on diminishing, till now Dr. Clay is able to perform ovariotomy with a better prospect of success than surgeons can ever have when having recourse to some of the more serious, though very common, surgical sperations. Perhaps, if a corresponding analysis of the general mass of operations that have been performed up to the present period were made, we might find a corresponding progressive diminution of the general mortality. The results of the operation in the hands of one operator, at least, are not included in the table I have given. fer to those of Mr. Spencer Wells, who has lately devoted much attention to the improvement of ovariotomy, and who tells me that he has performed the operation now in sixteen cases, and has lost only six of his patients. In other words, the operation has been attended, in the hands of Mr. Wells, with a mortality of 371 per cent., or of 1 in 22 of all the cases—a high ratio of mortality, no doubt, but still, as he remarks, less than that attendant in our Metropolitan Hospitals on lithotomy in the adult, or amputation of the thigh. Indeed, there seems good ground for hoping that when the operation comes to be still further improved, and is carefully performed in properly-adapted cases, the general mortality may yet be reduced to as low or even to a still lower standard. Even taking the mortality as it at present stands, I think I have said enough to convince you that ovariotomy is no more deserving of condemnation on the ground of its mere fatality than many other approved operations, and that it not only may be, but has been improved upon in the course of years during which it has been performed to such a degree as greatly to reduce the ratio of its attendant mortality.

8. The Disease is Liable to Return after the Operation—It has been urged further, as an objection to the performance of ovariotomy, that the ultimate results are apt to be unfavorable; for that, even supposing the patient to have survived all the more immediate dangers of the operation, the tumor is liable to be reproduced, and then the patient is found to have been exposed to most imminent danger without becoming cured of her disease. Of all the arguments that have been brought forward in opposition to the performance of ovariotomy, I know none more unsound than this; for a recurrence of ovarian dropsy in a patient who has been subjected to excision of a dropsical ovary is, indeed, a very rare phenomenon. The only conditions under which such apparent reproduction of the disease can occur are found in those cases where, after the removal of one en-

larged ovary, the other, which may have been at the time quite healthy, or only in a state of commencing cystic degeneration, takes on a rapid degree of development, and ultimately attains a size equal to that of the organ already extirpated. In the great majority of cases where the operation has been had recourse to, the disease has been found confined to the ovary of one side only; and in removing that we remove the entire mass of the tissue which has a tendency to undergo cystic degeneration, leaving only the pedicle of the tumor, which is never likely to be the seat of such a morbid change. It is, in fact, one of the very few forms of morbid growth with the almost absolute certainty of freeing the patient, at once and forever, of her So far from finding it liable to recur, patients who have been subjected to the operation are now known to have survived for many long years, and sometimes to have subsequently given birth to children. But those who bring forward the possibility of the reproduction of the disease as an argument against the performance of ovariotomy, use a double-edged weapon; for the objection might be urged with tenfold greater force against operations almost daily performed and perpetrated by surgeons who plume themselves upon performing legitimate operations only. How frequently, for instance, have you all seen limbs lopped off for tubercular diseases of joints or bones in the case of patients who are almost sure to die soon after from the development of the same disease in the lungs or some other internal organs? There are few operations in surgery more common than extirpation of the mammæ for scirrhous degeneration of the gland, and amputations of limbs which are affected with carcinoma are of very frequent occurrence in practice. Yet, with what chance of ultimate success, think you, are these amputations and extirpations of malignantly-affected members had recourse to? Why, with the almost perfect certainty that the disease will return either in its former site, or in some other organ, and that at no very indefinite or distant date. In the case of lithotomy, again, the chances of the re-formation of vesical calculus are incalculably greater than the chances of the reproduction of an ovarian tumor in a patient subjected to ovariotomy. And, finally, to take once more as a standard of comparison the operation of ligaturing of large arteries for the cure of aueurism, which we saw to be, on the whole, as fatal as the operation of ovariotomy, is it not the case that a patient who has aneurismal disease at one point of his arterial system, is extremely likely to have it simultaneously or subsequently in other parts? and

when any kind of cure of the most prominent and pressing aneurismal growth has been effected, is it not the case that the disease is then disposed to become more rapidly developed, and more distinct and dangerous in some of the other arteries? If, then, the possibility of the recurrence of the disease be regarded as an argument of any weight against the performance of ovariotomy, it must be held as weighing in a still greater degree against the performance of those other forms of operation where we see the possibility of the reproduction of the disease converted into a probability, or changing to an almost absolute certainty.

4. The Condition of the Patient is not Improved .- Again, it has been argued that a patient subjected to ovariotomy is not only not secured against the ultimate recurrence of her disease, but that she is left in a more infirm state of health after the operation than she would have been had her disease been allowed to run its usual course. Now, so far is this allegation from being true, that, as I have already stated, women subjected to this operation have sometimes borne families afterwards, and may have lived for many long years in the enjoyment of the most perfect good health. does happen in some few cases that the patient remains for some time afterwards infirm and invalid, we know that the same thing happens often enough after the operation of lithotomy; for many adult patients who survive that operation, only do so to linger on as hopeless and confirmed valetudinarians. Very few of those who have had the thigh amputated have attained old age; and the ablation of a large portion of the body seems materially to affect the chances of long life. We very rarely know anything of the after-history of patients subjected to the so-called "capital operations" of surgery, and perhaps if we had any means of tracing on a large scale the subsequent progress of such patients, we might find that in the general mass, the fact of having gone through any serious operation militates in no small degree against the prolongation of the patient's life; or, to state the matter more correctly, as regards some cases, the existence of any morbid condition or disease which necessitates a serious and grave operation, is generally a state that is averse to the hopes and chances of a long existence.—Med. Times and Gazette.

### THE PAROTID GLAND.

By J. C. BRADBURY, M.D., Oldtown, Maine.

From the high organization and complex relations of this gland, we should expect to find it the frequent seat of disease; but the united testimony of the most experienced surgeons has proved the truth to be quite otherwise—in other words, that disease of this organ is exceedingly rare; far more so than is to be accounted for upon anatomical or physiological principles; as if "He that tempers the winds to the shorn lamb," mindful of its fearful relations, and the difficulty of surgical access to it, had especially interposed some invisible and almost insuperable defence to protect it from disease and the perils of surgical interference.

Most of the older surgeons, among whom were Boyer, Allan Burns, Richerand, and others of equal distinction, both in this country and Europe, were disbelievers in the practicability of the removal of this gland; and it is comparatively recently that we have had warm discussions, relative to its possibility, among the most distinguished surgeons, even since it has been several times successfully removed. Many of your readers will doubtless recollect something of the spirited controversy that arose some years since between Profs. G. of the Pennsylvania University and P. of the Jefferson School of Philadelphia, relative to this subject. Prof. P. was sure the operation could be, and had been done, successfully. Prof. G. was quite as certain it never had been, and never could be, done. As I was spending a season in Philadelphia, soon after this occurrence, I was told there were strong hostile feelings existing between the two distinguished Professors, which grew out of the above controversy, and which I suspect were never compromised, as Prof. P. had left Philadelphia for the New York University. While in Philadelphia at this time, I purchased, among other volumes, at auction, from the library of a physician who was about leaving the city, a copy of Prof. G's work on "Surgery." which is still in my possession; and on a blank leaf of the second volume I find, as a quotation from a lecture of Prof. G. to his class. (written, as I supposed, by a student, or some one attending his lectures,) the following decisive denunciation of this operation: "Therefore, in spite of Scotch assurance, and English arrogance, and Irish impudence, and French politeness, and Yankee impertinence, the parotid gland never has been, and never can be, completely removed by the knife."

This emphatic declaration sufficiently indicates the spirit of the controversy, and the assurance of Prof. G. that he was prepared to

defend his position against a considerable portion of the world. Whether Prof. G. is still of the same opinion, I have no means of knowing; but certain it is, that since then there has been sufficient testimony to reverse his decision; and as it may be well to avail ourselves of the moral lessons strown in our paths, let us remember, that when we differ from those who have opportunities and capacities for judging equal to our own, such a difference is, at least, circumstantial evidence of the possibility that we are in the wrong.

It is not surprising that the anatomist who contemplates the location and complicated relations of this gland, only in its normal state, with the external carotid and jugular vein passing through its substance, and sending off numerous and important branches, in its course through the gland: traversed also, as it is, by the facial and temporal nerves, and crowded between and wrapped about the numerous and inaccessible muscles, the neck of the condyle, internal ligaments and articulation of the lower jaw, and in close proximity to the internal carotid artery, jugular vein, pharynx, pneumogastric, glosso-pharyngeal and spinal nerves; and shut almost from view and reach, by its anterior boundaries, the ramus of the jaw, mastoid process, mastoid muscle and external auditory meatus-I say it is not surprising that he should have come to the conclusion that its extirpation was impracticable. But those surgeons who have been driven to the extreme alternative of attempting its removal, and who have consequently learned more of its pathology, have noticed, as observed by Dr. Randolph, that in a diseased condition its capsular investments have been found contracted to such a degree as to cause deep-seated and irregular prolongations so far to recede from their inaccessible positions, as to render its removal practicable.

In a note to Cooper's Surgical Dictionary, Dr. Reese awards the merit of having first removed this gland to Prof. Samuel White, formerly of Hudson, N. Y., in 1808. Yet, Dr. John C. Warren speaks of his father having done the operation as early as 1804, although he did not tie the external carotid. M. Beclard performed the operation in 1823, and Prof. McLellan in 1826. The operation has been done many times since; but the long catalogue of tumors, that have been removed from the parotid region, supposed to have involved the gland, and reported accordingly, are believed to have been tumors made up of diseased lymphatic glands and their adjacent tissues, which, by pressure upon the carotid, have occasioned its absorption, till tumors, originally superficial, have been, by their external cover-

ings, pressed partially, or quite, into the parotid cavity; and as they carry before them all the important relations of the carotid, and have none of their own, their extirpation is attended with no risk or difficulty; hence we account for those operations unattended with homorrhage, and requiring the ligature of no important arteries, and not followed by paralysis of the muscles of the face.

There has been a diversity of opinion relative to the propriety of tying the external carotid, as a preparatory step to the removal of the parotid. As this artery passes through the gland, I see no way of avoiding its division, when the whole gland is diseased, and is to be removed; and it therefore must be tied either before or during the operation. This being admitted, I see no adequate reason for doubting the expediency, where the extirpation of a parotid tumor, that is known to involve the gland, is to be attempted, of doing this before the operation; the liability to abundant and possibly fatal hasmorrhage is in that way avoided.

I am aware that there are one or two instances where it is said experienced surgeons have removed the gland, leaving the trunk of the artery undivided. In such instances, it is probable that that portion of the gland about the artery was not diseased. Dr. Warren has observed that this is sometimes the case. But all, I think, are agreed in the universal necessity of dividing all the branches of the artery above its entrance into the gland; and there can be but little difference, physiologically, between obliterating all the branches, and the main trunk, a few lines below.

In several instances have the lives of patients been imminently periled, in the hands of the most distinguished operators, by the accidental division of the carotid, and even of its branches. Mr. Carmichael came near losing his patient, by hæmorrhage from the trunk of the facial artery; pressure upon the carotid was not sufficient to control the torrent. M. Beclard had a dangerous hæmorrhage from either the external carotid, or one of its branches close to the trunk—which was not determined. Our late distinguished and veteran surgeon, Dr. John C. Warren, accidentally divided the trunk of the external carotid, which deluged the wall, operator, and assistants with blood. And in these instances, a good deal of difficulty was experienced in securing the vessels, owing to their retracting to positions difficult of access, and the intervention of the tumor between the operator and the vessel.

It has been thought, by some, that the vessels of the parotid have,

is certain instances, been so completely obliterated by disease, as to permit its removal without hemorrhage or the ligation of its arteries. If this has ever been so, it has been exceedingly rare, and must be too doubtful a contingency for any practical reliance.

The following case appears to me to illustrate a very good method of proceeding, where there is doubt whether the gland be involved in the disease.

Mrs. G., a married woman, of about 40, of plethoric and corpulent habit, had a swelling which suddenly appeared in the parotid region, some eight years previous to its removal, and which was supposed to be the mumps; contrary to expectation, however, it did not wholly subside, but became chronic, and remained stationary for several years; for the last two years, it increased in size with considerable rapidity, assumed a conical form, became painful, and the patient grew anxious as to the consequences. Constitutional and local treatment was unsuccessfully tried, for a time, to bring about, if possible, its resolution. Several physicians advised its removal by an operation. As I had observed the development of the disease from its commencement, and supposed it to involve the parotid, I dreaded so formidable an operation, both as regarded myself and my patient, and did not encourage it, till urgent symptoms and the frequent solicitations of the patient no longer left excuse for delay.

The tumor—extending anteriorly from the zygomatic process, downward, over the masseter muscle and angle of the lower jaw, and posteriorly, from the mastoid process of the temporal bone, downward, over and under the mastoid muscle some four inches, crowding upward the external auditory meatus, and somewhat backward the mastoid muscle—was, by the advice and assistance of Drs. Allen and Samuel Bradbury, removed in this wise:

An incision was made from the root of the zygomatic process, downward, in the course of the external carotid artery, about four inches; a second, from a point about half an inch below, and a little posterior to the mastoid process, obliquely downward and inward across the centre of the first, about three inches in length, across the angle of the lower jaw. The flaps being dissected up, most of the exterior surface of the tumor was exposed to view. The attempt was now made to dissect up the anterior portion of the tumor, but it being very vascular, and the anterior portion of the gland being involved, it was concluded, after trying several arteries, to reserve this part of the dissection until the last, when the hamorrhage could be better con-

trolled; therefore, that portion of the tumor lying over, and attached to, and around the mastoid muscle, was dissected up; when it was found that the tumor occupied the parotid cavity, and involved the deep portion of the gland. Now, having no confidence that the gland could be wholly removed without a division of the external carotid, to avoid further hæmorrhage and that useless process of tying all its branches and the trunk at last, the first incision of the integuments was extended so far below the boundary of the tumor and over the carotid, as to permit dissection to the artery below the boundary of the tumor, when it was tied with a double ligature, and divided between its branches. After this, the tumor was, by a cautious and slow dissection, completely removed, without further hæmorrhage or difficulty of importance.

After the removal of the tumor, the boundaries of the parotid cavity were entirely exposed, and also most of the relations of the tumor. That portion of the carotid above its division was found passing through the substance of the tumor, with the ligature attached to it. The large cavity was dressed from the bottom, and was filled by granulations with considerable rapidity; some eight or ten weeks elapsed, however, before the wound was completely healed. As was to be expected, considerable paralysis of the muscles of the side of the face succeeded the operation; but it is to be hoped that in time the efforts of nature will remove this deformity, as it has done in some other cases.

The superficial portion of the tumor was found to be composed of condensed cellular tissue, interspersed with enlarged and indurated lymphatics. The deeper structure had the granulated appearance, indurated, but indicative of its primitive structure; but the very internal portion was of a medullary consistency, which facilitated its removal, leaving, however, some apprehensions in regard to the result. But now some fourteen months have passed, and there have been no symptoms, either local or constitutional, of a threatening or suspicious character, and the patient is quite well.—Boston Med. and Surg. Journ.

# Induction of Premature Labor and Abortion as Obstetric Resources. By Henry Miller,

Late Professor of Obstetrics in the Medical Department of the University of Louisville.

At a recent meeting of the College of Physicians and Surgeons of this city, Prof. Henry Miller related one case in which he induced premature labor successfully, both as to the mother and child, and two cases in which abortion was produced for the safety of the mother. At our solicitation, he has kindly furnished us the following abstract of these interesting cases:

CASE I. In which premature labor was induced at seven and a half months of the fourth gestation of a lady, whose first three children were lost at the full term on account of the necessity of resorting to the perforator and crotchet.

Mrs. B. came to this city from a distant county in this State, in April, 1858, to seek my professional advice. She was, by her own estimate, about five months advanced in her fourth pregnancy, and was naturally anxious about its result, having lost three large and well-developed children, the product of her previous pregnancies. She stated that the physicians who had attended her on these occasions were of the opinion that it would not be possible for her to give birth to a living child at the full time, owing to the small size of her pelvis.

Mrs. B. is a dumpy woman, and fat withal, not quite thirty years old, but hearty and robust. On making a tactile examination per vaginam, my attention was at once arrested by the manifest morbid inclination of the plane of the superior strait of the pelvis, giving an unusually low position to the external genitals. It was not without difficulty that the os uteri could be touched by the finger, nor could I satisfy myself whether the uterus was really increased in size; at any rate, I was by no means sure that its size was commensurate with the reputed period of pregnancy. The hypogastrium was next examined by palpation, but in vain, for the thickness of the adipose tissue in this region was so great that neither the uterus nor any other organ could be felt through it. The speculum uteri was then employed, but without shedding any light on the subject, as the os uteri did not present the indented outline, described by Mr. Whitehead, which I have seen in a few cases of early pregnancy, and which may sometimes be regarded as distinctive of that condition. She had few or none of the symptoms which ordinarily attend pregnancy-no nausea or vomiting, or alteration of appetite, only the menses had been suppressed for four or five months, but they had been irregular previously. On the whole, I was more in the dark than was agreeable, not only as to the period of pregnancy, but whether she was really pregnant at all. I advised her, therefore, to return home and come back again in two months.

Mrs. B. returned to the city about the first of June, and I was gratified to find that there were no longer any grounds for doubt or uncertainty as to her condition. She was about seven months advanced in pregnancy. The motions of the fœtus could be felt, the pulsations of its heart could be heard, and the enlarged inferior segment of the uterus could be reached by the vaginal touch, whilst, on account of the distention of the walls of the abdomen and the absorption of some of the adipose layer covering them, the fundus uteri could be pretty distinctly traced.

It was settled at Mrs. B's first visit that, with a view to her own safety as well as that of the child, premature labor should be induced. when the child had attained its viability. Judging that she had now reached the seventh month of pregnancy, I determined to wait a fortnight longer before resorting to means to bring on labor. In this case I concluded to adopt the method of inducing premature labor recommended by the late Prof. Kiwisch, of Germany, and so strongly urged by him in preference to all other methods, viz.: the uterine douche, or pouring a continuous stream of water upon the os uteri with a fall sufficient to impart to the stream a considerable momen-For this purpose an apparatus was constructed according to the directions of the German professor, with only a slight and unimportant variation, consisting of a tin box ten inches square, holding about four gallons, with an India-rubber tube, twelve feet long, attached to the bottom of the tin box by a screw and nut, and having a metallic tube, six inches long, affixed to its other extremity—the end of the metallic tube being fashioned like the nozzle of the common enema syringe. Instead of arranging the apparatus to act on the principle of the syphon, as recommended by Kiwisch, a stop-cock was adapted to the India-rubber tubing about two feet from its metallic end. To put the apparatus in operation, the box must be suspended on a nail driven into the wall near the ceiling of the room, say nine or ten feet above the floor; the India-rubber tubing must be screwed on, and the stop-cock turned so as to prevent the flow of the water till it is wanted. The patient takes her seat on a stool placed in a bath-tub to receive the water, the metallic nozzle is introduced

into the vagina and in contact with the os uteri, and the tin box having been previously filled with water, the stop-cock is turned so as to peur a continuous stream upon the os uteri until all the water in the box is discharged. Kiwisch preferred to use warm water in douching, directing it at first of a temperature upward of 100° Fahrenheit, and afterwards raising the temperature considerably higher.

On the 16th of June the warm water douche was commenced in Mrs. B's case, in the afternoon, only one douche being administered that day. On the 17th, two douches were given, one in the morning and another in the evening. On the 18th, two douches. On the 19th. two, when a marked change was observed in the state of the uterus-its fundus was lower in the abdomen, and the os softened and dilated, though there had been as yet no labor-pains, the patient complaining only of some aching across the hips. Painless contractions of the uterus had, however, been excited; not only had the uterus descended and its mouth dilated, but the head of the child could be distinctly felt by the finger. Inasmuch, however, as progress appeared to be rather tardy, I determined, on the 20th, to adopt partially the suggestion of Dr. Tyler Smith, viz., to use warm and cold water alternately: I say partially, because unless two boxes had been provided, the one to contain warm and the other cold water, or unless a syringe had been substituted for the apparatus of Kiwisch, I could only discharge a box of warm water and then a box of cold water. This was done twice on the 20th and twice on the 21st. After the morning hot and cold douche of the 21st, labor set in, but the pains being feeble in the evening, the douche was repeated, as already stated, with the effect of increasing the pains to such a degree that I was called to her assistance in the early part of the night, and early the following morning she brought forth a living child-a daughterafter a labor of average intensity and duration, and without any aid except such as needs to be rendered in every case of natural labor.

Mrs. B. had a rapid convalescence, uninterrupted by accident of any kind. She maintained a good appetite, ate what pleased her, laughing at all dietetic rules, and twelve days after her confinement, despite my remonstrances, she started home, where she safely arrived with as little delay as though nothing had happened to her. Within the last two or three months I have heard from Mrs. B. She continues to enjoy her usual good health, and is not ashamed to exhibit her child among such as have had the advantage of a longer uterine gestation.

Case II. Abortion induced at the fourth month of pregnancy on account of contraction of the pelvis to such a degree as to make it doubtful whether delivery could be safely accomplished after the fætus should be viable.

Mrs. D., pregnant for the second time, and about three months advanced, came to the city from a remote county of this State, by the advice of the physician who attended her in her first confinement, and who was persuaded that she could not possibly be delivered of a living child at the completion of the pregnancy, and probably not even at the seventh and a half month. This opinion was founded on the extreme difficulty of her first labor, which lasted eighty-five hours and was terminated by the crotchet—it being not possible to deliver with the forceps, so closely was the head of the child impacted in the pelvis. Mrs. D. is a healthy-looking young woman, with good complexion and no marks of a strumous diathesis, and yet I found, on examination, the most contracted pelvis which I have ever met with in the living subject. All its dimensions appeared to be much under the average measurements, and it was easy to touch the promontory of the sacrum with the index finger—so easy that the antero-posterior diameter of the superior strait did not, as well as I could judge, much exceed two inches. The outlet of the pelvis is also notably contract-She was, at the time, about three months gone in pregnancy.

I concurred, therefore, with her medical adviser at home in the discouraging prognosis which he had made, as to the consequences of another delivery at the completion of pregnancy; but, as I thought that she might, perhaps, give birth to a child at the seventh month, non-interference until that period was suggested. She was, however, utterly averse to the experiment, more especially as I could not speak very confidently of the probability of its success, either as to herself or the child. The suggestion being rejected, I sanctioned a resort to the alternative of abortion, artificially induced, and she returned home to place herself under the care of her family physician, an accomplished and skillful practitioner. In my letter to him I advised the warm and cold douches, administered as in Case I., as the means of exciting abortion; but though they were kept up for a month, they signally failed: not the slightest uterine contractions were awakened by them. She had now reached the fourth month of pregnancy, and by my advice the uterine sound was resorted to to provoke expulsive con-Her medical attendant found it very difficult to introduce the instrument, and it was not easy to reach the os uteri; but succeeding at length, he determined to allow it to remain in the uterus, antil pains should be excited, which occurred in twelve hours after the introduction of the sound, and seven hours subsequently the ovum was expelled. I have since learned that Mrs. D., though debilitated by what she had undergone, has entirely recovered.

CASE III. Abortion induced at the fourth month of pregnancy in a lady suffering from separation of the bones of the pelvis at the pubic and right sacro-iliac symphyses, the consequence of previous pregnancies and deliveries.

Mrs. J. came from a neighboring county in this State, to consult me in respect to her condition. She is a delicate woman, without much stamina of constitution originally, and her strength has been much undermined by long suffering and confinement to bed. She is thirty years old, and the mother of seven children, all large at their birth. the least weighing nine and a half pounds, the rest ten to eleven pounds. In the latter part of her fourth pregnancy separation of the symphysis pubis took place, disabling her from walking or even standing on her feet, so that she kept her bed until after her delivery. she recover the ability to stand until four months had elapsed, when, by being supported, she could manage to move a little about the room, by sliding one foot before the other. During all this time her sufferings were great; upon the least motion, even being turned in bed, the pain complained of being in the affected joint. Nevertheless, she became pregnant again, for the fifth time, with the effect of aggravating her sufferings, and incapacitating her vet more for standing or motion of any kind, either during or subsequent to parturition. After the usual intervals, a sixth and seventh pregnancy ensued, but after the last it was discovered that the right sacro-iliac symphysis had given way, since which time she has been bedridden. To add to her misfortunes, she had three attacks of phlegmasia dolens, viz., after her fourth, fifth. and sixth confinements. Her last accouchement occurred in March. 1859, and she became pregnant again in July following. suaded in her own mind that she could not go through with another gestation and its sequelæ, she consulted me, 20th October, in regard to the expediency of inducing abortion, and after mature deliberation I gave an opinion favorable to that resort, rather than allow the pregnancy to run its course and destroy perhaps what little hope remained that the two pelvic articulations, already loosened, might recover their solidity and enable her to discharge her duties towards the numerous family, mostly girls, which her pertinacious fecundity had already thrown upon her hands. The case, considered in reference to artificial abortion, is, as I was aware, a novel one—none such being found on record, so far as I know; but the lack of precedent ought not to deter us from pursuing the dictates of our private judgment; for after all, every case must stand on its own bottom, and our conduct must be regulated by the indications it affords.

Having decided to induce abortion in this truly pitiable case, I selected the uterine sound as the means of effecting it, and on the 20th October the instrument was easily introduced and passed in to the depth of upward of three inches, between the membranes and the anterior wall of the uterus. The point of the sound was turned first towards one side of the uterus and then towards the other side, drawing the instrument down towards the os uteri after each revolution of it, with a view of breaking up the adhesions of the membranes as extensively as possible. No hæmorrhage followed the operation, and Mrs. J. was immediately removed to the cars to be taken home, according to previous arrangement. Some pain followed the operation, and continued for a day or two; but the uterus was not moved to expulsive contractions.

November 8th.—The patient was brought back to the city, with the uterus quiescent, and well disposed to contain and guard its deposit. The sound having failed, I now concluded to try Cohen's method of exciting labor, viz., injecting warm water between the membranes and inner surface of the uterus. A silver tube, like the male catheter, but with a less curvature, was introduced as before, and two and a quarter ounces of warm water thrown in with a syringe. was done at noon, and an hour afterwards she had a chill, followed by smart fever, with headache, which passed off in three or four hours, leaving dull pain in the hypogastrium and back. In the early part of the night, well-marked labor-pains set in, but they were few and feeble until towards morning, when they became stronger and more frequent, accompanied also with some hæmorrhage. At 6 o'clock in the morning the os uteri was dilated to the size of a quarter of a dollar, with a membranous pouch protruding, which soon ruptured, despite my endeavors to prevent it; at 101 o'clock the fœtus was expelled, the little umbilical cord remaining entire, and preserving its connection with the placenta. By gentle and cautious assistance with the fingers during the pains, I succeeded in getting away the secundines without lacerating the attachment of the cord, and the feetus,

with the cord and membranes attached, are preserved in the museum of the College of Physicians and Surgeons.

Mrs. J. was taken to the cars in less than a week, and conveyed home. I provided her with a leathern belt, with instructions to wear it constantly, tightly buckled around the pelvis, in order to counteract, as much as possible, motion at the loosened joints, and at the proper time to have a stream of cold salt water poured from a height on the pelvic and sacro-iliac symphyses. She was also directed to take iron and nutritious diet, and to be often carried out for the benefit of fresh air and exercise. But above all, she was charged to keep her generative faculties in abeyance until such time, should it ever come, as may admit of their indulgence without the risk, not to say certainty, of making her a hopeless and useless cripple for life.—

Louisville Med. Journal.

#### ON BLOODLETTING IN PREGNANCY.

By M. SILBERT.

This is one of the Prize Essays of the Academie de Medecine. The author believes that, as a consequence of the reaction against the abuse of bleeding in pregnancy, practitioners in our own times are too sparing in its employment. There is, in fact, a tendency to the same exaggeration with respect to the chloro-anemia of pregnant women, which formerly prevailed with regard to plethora.

"That great consideration should be paid to chloro-anæmia in the pathology of pregnancy is right enough, but only on the condition also of not overlooking plethora, a state of complete reality, and which did not exist merely in the imagination of our predecessors. It is only by studying pregnancy under this double point of view, and taking into account at the same time the 'nervous condition' and albuminuria, which also play their part in the production of the accidents with which it is accompanied, that we can embrace the entire truth. This is not done by sacrificing one point of view to the other.

"The determination of the relative frequency of these different conditions as causes of the diseases of pregnancy would be of very great importance as regards the general indications for bleeding; but this point of medical statistics is far from being elucidated, and it is not in a restricted circle like Paris that the elements of a very exact appreciation are likely to be obtained. For the practitioners of great cities, whose observations are for the most part made on women etic-

lated by misery in the hospitals, or relaxed by all the delicacies of luxury in private practice, chloro-anemia and the 'nervous condition' predominate in the pathology of pregnant women. But the country practitioner attributes to the richness and exuberance of the blood most of the accidents which accompany gestation."—Tome xxi., p. 117.

Having premised thus much, M. Silbert divides his subject into three parts: in the first he treats of its history; in the second he considers the general indications for bleeding in pregnancy; and in the third he passes in review the particular cases which may call for its administration. We pass over the historical part, and proceed to the next.

GENERAL CONSIDERATIONS ON BLEEDING IN PREGNANCY.

The modifications which pregnancy produces in the system are of two kinds: first, anatomical and functional, which are constant and essential to pregnancy, having their seat in the uterus itself; and secondly, sympathetic, which are eminently variable. The accidents which are due to the mere physical development or acquired functions of the uterus are admitted at all hands to be best allayed by antiphlogistic treatment. The sympathetic modifications, which are of great importance in the pathology of pregnancy, are referable to three heads:

- (1.) To disturbances of the nervous system;
- (2.) To notable changes in the composition and quantity of the blood; and
  - (3.) To the presence of albumen in the urine.

These three conditions, then, have to be considered in relation to the question of bloodletting.

# DISTURBANCES OF THE NERVOUS SYSTEM.

To this condition must we attribute not only the extreme moral irritability which some pregnant women exhibit, but also a good share of those functional disorders which are so common, so intense, and so obstinate, and which have been so frequently attributed to plethora; as vertigo, loss or perversion of the senses, and disturbances of the circulatory, respiratory, or digestive functions, as shown by palpitations, syncope, vomiting, &c.

These generally disappear or become diminished with the progress of pregnancy in women whose nervous system has only become disturbed by the fact of the pregnancy itself; but it is otherwise with those in whom the pregnancy finds this condition of the nervous system already acquired. This "nervous condition" has been laid down by Sandras as a formal contra-indication to bleeding, when it is un-

connected with cerebral plethora, and the prohibition is justified by the close relationship which usually prevails between impoverishment of the blood and the production of nervous disorders. But in pregnancy the diminution of the globular element of the blood will not explain most of these nervous disturbances, inasmuch as these in general disappear before the blood has undergone any notable improvement in this respect.

The sympathetic excitement is in many cases the direct consequence of the irritable state of the uterus, and capable of relief by small general or by local bleeding. Moreover, the "nervous condition" is an unequivocal cause of uterine plethora. The women who menstruate most are not the strong and plethoric, but the nervous and delicate. Great care is indeed required in employing bloodletting in the nervous affections of pregnancy, especially towards the end of this; but when the state of the strength permits it, the contra-indication must not be regarded as absolute.

MODIFICATIONS IN THE COMPOSITION AND QUANTITY OF THE BLOOD.

Modern researches have shown that-

1st. The globules diminish from the commencement to the end of pregnancy, their proportion rapidly decreasing from the seventh month.

- 2d. The fibrin, slightly diminished during the early months, is then increased somewhat to the seventh, becoming much augmented during the last two months.
- 3d. The albumen diminishes progressively, though only to a slight degree, throughout the whole of the pregnancy.

Although these modifications cannot be called pathological, yet is the relation which such blood bears to chloro-anemia so strong as to lead to the same pathogenic character being attributed to the latter as formerly attached to plethora. M. Cazeau's views concerning the agency of chloro-anemia are certainly too exclusive. The condition of the blood in pregnancy is, in fact, quite peculiar and special.

In some exceptional cases, the chloro-anæmia may prevail, but it is rather as a coincidence and exaggeration of a condition already present, than a consequence of the sympathetic reaction of the uterus. But true plethora may also prevail in women notably predisposed, or it may do so temporarily and at different stages of the pregnancy in those in whom it is only a result of the increased vitality dependent on pregnancy; and depletion requires to be used with more caution when plethora is a temporary, accidental condition, than when it is an

habitual state, aggravated by pregnancy. Even in serous plethora, in which, with a diminution of globules, there may be a proportionate increase of serum, and in which ferruginous preparations may be called for, the mass of the blood being also augmented, careful depletion is not the less indicated. Mere mechanical plethora, determined by the pressure of the uterus during the latter months, may also call for palliative bleeding.

#### ALBUMINURIA.

Although pregnancy may run through its course quite uninterfered with when albuminuria is present, at other times it becomes a most grave complication, signally favoring the production of sanguineous or serous congestions, which in a great number of cases are the point of departure of alarming accidents.

Bleeding may often be advantageously resorted to in order to ward off such consequences, when albuminous nephritis coincides with pregnancy, and when the condition of the urine, analogous to that observed in the anasarca consecutive to scarlatina, implies renal congestion.

Albuminuria, considered in itself, is most often connected with asthenia, and therefore bleeding is contra-indicated; but the peculiar conditions observed in the pregnant woman often compel practitioners to depart from this rule; no one hesitating, when uterine or cerebrospinal congestions become menacing, to have recourse to this means.

In the sections on the inconveniences and dangers of bleeding in pregnancy, the author makes several quotations, in order to show that injudicious depletion during pregnancy, by impoverishing the blood, may give rise to abortion, and predispose to disease, especially to puerperal fever.

We pass on to the third portion of the work, treating of the particular circumstances which may call for bleeding.

## I. BLEEDING IN THE DISEASES PROPER TO PREGNANCY.

As long as the exaggerated ideas concerning the plethora of pregnancy prevailed, bleeding was performed without any reserve in all diseases of pregnancy; and although any such excess would now be unjustifiable, yet does bleeding still constitute our principal mode of treating such affections. This arises from the fact that whenever they reach a certain point, the usual result is the product of congestion.

The causes of the diseases of pregnancy are: (a) the anatomical and functional changes in the uterine system, and the fluxion of which the pelvis is necessarily the seat during gestation; (b) the mechanical

obstacle which the development of the uterus opposes to the free play of the organs; (c) the sympathetic reaction excited by the uterus in certain organs; and (d) the influence which the general modifications of the nervous system, the changed conditions of the blood, and the existence of albuminuria, exert upon the economy.

Any of these four causes may act in an isolated manner, but usually more than one act together, and concur in the production of the accidents. It would be difficult, therefore, to consider the diseases of pregnancy by distinguishing them according to the causes which give rise to them; and the author prefers dividing them into idiopathic and sympathetic diseases. The former have their seat in the uterus and pelvic organs, and are the result of anatomical and functional changes; and the others interest distant organs, being due to the reaction which the condition of the uterus exerts upon the entire economy.

### IDIOPATHIC AFFECTIONS.

- (a.) Uterine Plethora or Congestion.—This may be sometimes dependent upon a state of general plethora, but it is oftener found in nervous, albuminuric, and hydropolyæmic subjects. Not only does uterine plethora exert a great influence on the production of uterine hæmorrhage and premature contractions, but it determines almost the entire pathology of the ovum; placental congestion and apoplexy being, in fact, intimately dependent on it. Although it may appear at any period, it is yet during the first half of pregnancy that it is most commonly met with. Bleeding is the treatment indicated, the amount of this being regulated by the nature of the cause giving rise to the plethora.
- (b.) Hamorrhage—Is commonly a consequence of uterine plethora, and it should be treated by bleeding, when there is evidence of the permanent operation of an active cause, and especially during the first six months. At a later period greater circumspection is required.
- (c.) Premature Contraction—Is a frequent consequence of congestion, and especially of hæmorrhage, and bleeding is a powerful means of arresting it.
- (d.) Among other pathological conditions, dropsy of the amnois and hydrorrhæa admit only of bleeding when signs of congestion and plethora are present.
  - (e.) Uterine Neuralgia—Is sometimes dependent on plethora.
  - (f.) Uterine Rheumatism—Is usually best treated by depletion.

Passing on to the affections of other organs than the uterus, which arise from the physiological fluxion taking place towards the pelvis,

we have congestion of the broad ligaments, which, although a rare affection, must still be borne in mind. The hæmorrhagic molimen of the veins of the rectum, giving rise to hæmorrhoids, may become an active cause of abortion. When connected with a state of plethora, bleeding should be resorted to; while, when the hæmorrhoids are inflamed and painful, leeches may be safely applied, though they are often but of little use.

Cystitis is not a rare occurrence in pregnancy, and the softening of the pelvic ligaments, which it so constant an occurrence, may go on to a true inflammation.

#### SYMPATHETIC AFFECTIONS.

The great benefit derivable from bloodletting in the idiopathic affections of pregnancy is not obtained in the management of the sympathetic affections.

- (a.) Affections of the Breast.—Although it is rare for the changes which take place in this organ to assume a morbid character, yet in some instances a true phlegmasia may be developed, and depletion be called for.
- (b.) Disturbance of the Digestive Organs.—The stomach is the organ which, of all others, is most readily and most deeply influenced by the sympathetic reaction of the uterus. In the case of obstinate vomiting, in place of applying means after means to the stomach itself, our attention should often be turned to the uterus, whether for rectifying malposition or abating congestion and inflammation.
- (c.) Neuralgias.—The various forms of these (as cephalalgia, odontalgia, tic douloureux, vulvar pruritus, &c.,) to which pregnant women are liable, have almost ceased to be treated by bleeding since the time of Vallex; but that author attributed too much to the agency of asthenia in the production of these affections, for depletion may be advantageously used when the patient is not anæmic, and symptoms of general excitement are present.
- (d.) Vertigo and syncope should be treated by bleeding or not, according to the nature of the cause which has produced them.
- (e.) Eclampsia.—Whatever difference of opinion may prevail with respect to the nature of this, all are pretty well agreed as to the necessity of bleeding; and not only is this required in the actual attack, but as a preventive, and especially when albuminuria is present, or eclampsia has occurred in a former labor.
- (f.) Partial paralysis is sometimes observed towards the end of pregnancy, chiefly in primiparæ. The causes are often obscure, though

the affection usually seems connected with chloro-anæmia, hyastasia, or albuminuria. It usually disappears of its own accord, and bleeding should not be resorted to except in the robust and plethoric.

- (g.) Disturbances of the Respiratory and Circulating Organs.—
  The disturbance of respiration during the later months is due to a mere mechanical cause, thrusting up the diaphragm; but when dyspnœa is observed at an earlier period, it may be due to the nervous condition, or to congestion or cedema of the lung; and according to the nature and prevalence of these causes, the treatment with regard to bleeding must be regulated. In some cases palpitation of the heart is also-due to local congestion, and may call for depletion; but such cases are rare. Cough, when dependent upon such condition, is best relieved by moderate depletion.
- (h.) Dropsy of the Cellular Tissue.—This is not always due to the obstacles offered to the venous circulation, or to the coexistence of a disease of the heart, and albuminuria must be taken into account, in consequence of the frequent occurrence of convulsions when it is present.
- II. On Bleeding in the Intercurrent Diseases of Pregnancy.

For the bulk of these the treatment differs but little from that which is proper in the non-pregnant condition. As a general rule, prudence in bleeding is advisable; but there are cases in which the greatest energy is alone sufficient; for not only may some of these affections exert an injurious effect upon the progress of gestation, but they themselves may be influenced by the changes incident upon the increase of size of the uterus. Expectation, which would be proper in the unimpregnated condition, may be misplaced here. The superabundance of fluids, or polyæmia, so frequently met with in pregnant women, should also be borne in mind, as an additional reason for employing the lancet.

#### III. On Bleeding in Narrow Pelvis.

The author agrees with M. Depaul, that in certain cases of narrow pelvis it is preferable to seek to diminish the size of the fœtus by rigid diet and bleeding, to resorting to premature labor.—Southern Med. and Surg. Journ.

Dr. F. Campbell Stewart, who has been residing in Paris for several years, recently made a flying visit to the United States, spending only a few days in New York and Philadelphia, and then returned t France.

# EDITOR'S TABLE.

## NOT QUITE ORACULAR.

One every now and then meets with men whose mental calibre is somewhat of a puzzle, the solution of which is only interesting as a psychological curiosity; for the opinions of such persons are, in themselves, of no value except by the mischief to which their blunders may give rise. In listening to people of this stamp, it is sometimes difficult to say whether their remarks should be taken as the expression of an ingenuous and unsophisticated, albeit weak man, or as evidence of a covert intention of quizzing those to whom they address themselves, by an affectation of simplicity which does not belong to In the case of the Philadelphia Medical and Surgical Reporter, which indulges in exhibitions of this kind, we are forced to the melancholy conclusion that its would-be oracular utterances are, amid occasional gleams of intellect, the result of constitutional and incurable ineptitude. It seems to be alike insensible to the advice of friends and the rebukes of those whom it has rendered hostile by its self-sufficiency and incessant boasting. Why does it not secure editorial aid to furnish regular articles such as we sometimes see in its columns, in place of those piebald shreds and patches in which it loves to dress itself? In its eagerness to make novel suggestions, it is quite insensible of their exquisite absurdity; as, for instance, in one of its late proposals that the Convention to revise the United States Pharmacopæia should legalize a series of quack medicines, without its occurring to the sage proposer that such a measure would be equivalent to the offer of honorary distinction to successive quacks and nostrum mongers.

A late number of the Reporter (May 12) offers a choice specimen of its quality in the true Malvolio vein. It consists in the following snappish rebuke of our suggestion, that Professor Valentine Mott should be nominated to the Presidency of the American Medical Association at its meeting in New Haven. Suggestions of names of men, some eminent, some unknown, for office, are continually made before an election, whether it be of President of the United States, or constable, without its ever being objected to by the most furious political partisan. Similar freedom is allowed to every one in the case of an approaching election of officers for corporations and societies of all kinds, without stint or comment. The Reporter closes its comments on our suggestion in these terms:

"Take it all in all, we regard this attempt of the GAZETTE to fore-stall the action of the Association as an impertinence which will be frowned upon by the profession generally, but by no one more heartily than the eminent and veteran Professor to whom he refers."

This is uttered in the amusing unconsciousness on the part of the malapert and vain-glorious, self-constituted oracle, that but two weeks before it had, in an article entitled "Groundless Apprehensions," taken on itself, without any authority whatever, "to assure its readers, in all sincerity," that the Faculties of the Philadelphia schools, and the delegates from the different Societies, hospitals, &c., in that city, would not introduce to the notice of the Association at New Haven. or inquire into alleged improper influences exerted by the faculties of certain Southern medical schools to induce students to secede from Northern schools." It will not be hard to imagine the feelings of the large, intelligent, and independent Philadelphia delegation, at this indirect and insolent attempt to foreclose all discussion, and to bind themselves by an implied promise, made by a party apparently in their confidence and speaking in their name, that they would preserve entire and absolute silence on a question of great moment-one which involves a review of transactions affecting deeply the fair fame of the medical profession and the efficiency of medical education.

Waiving for the moment the inquiry whether the oracular utterance of the Reporter, which, in the absence of the true Pythiæ, mounts the tripod, is not the effect of flatulent gases rather than of the divine aura, we too can assure our readers in all sincerity, and after ample means of ascertaining the fact, that this meddlesome and fussy journal neither is, nor ever has been, and we think we are safe: in saying never will be, the organ or the exponent of the Faculties of the medical schools of Philadelphia, or of the delegation from it to the American Medical Association; nor has it ever been for a moment taken into their councils, or entitled itself to any share of confidence in its ability, its discretion and its impartiality. Singular evidence of the discernment and tact which it might be supposed to evince as an ally of any college or other influential body of physicians in Philadelphia, and at the same time of its sensitive regard for the ethical and medical reputation of the profession in that city, is afforded in the opinion which, unasked, it gives of the merits of the parties engaged in the affair of the "secession" or "abduction" of the Southern students last winter. Not only does the Reporter exonerate from all blame the Faculties of distant schools for any active

agency in the matter, but it makes the remarkable discovery that the undue influence by which the disastrous results were brought about was exercised by "parties north of Mason and Dixon's line."

On the first point, the Reporter tells us that the other schools "but opened their doors to admit what was freely offered them, and we are not prepared to blame them for that." We are not now going to enter into the general merits of the subject, nor to stigmatize as it might deserve the conduct of those who acted the part of principals and accessories before and after the act; but would merely make a remark in reference to the party more nearly concerned, and whose interests seem to have been overlooked-we mean, of course, the The Philadelphia journal is so little imbued with the ethics of the profession, and of the reciprocal obligations between teacher and learner, that it can only look at the question in a mere spirit of trade. It wanted the delicacy and the perspicacity to see that the uppermost thought in the mind of any man, not blinded by passion or prejudice, at the time, would have been, of the serious injury to the students, by their suddenly breaking off in the middle of their collegiate session, and hurrying away to other and distant places, at the risk of their acquiring habits of idleness and dissipation, which might adhere to them, and ruin their usefulness and reputation in all their after life. Entertaining this opinion, a disinterested man, a father, a preceptor, would have urged on the ingenuous and confiding youths, who were becoming the victims of a vile conspiracy, the importance of their continuing their studies through the entire session; leaving it to the spring for them to consider by what means Southern teachers and Southern students could best unite in strengthening and glorifying Southern schools.

We leave it to the professors of the medical schools and to the members of the profession at large, of Philadelphia, to determine the degree of patience with which they will submit to the Reporter's inversion of the usually received history of last winter's transactions. We may expect the display of forbearance on their part promised for them by this journal will be followed by an acknowledgment of their being the authors of the agitation and its consequences, and by an entreaty to be forgiven by the Southern schools for the wrong done them by unjust accusations. On the other hand, we may be told that it is not worth while to criticise the tastes, nor express surprise a: any unlooked-for affinities of the Reporter. Its own opinions would not oppress any person by their weight, nor its course bewilder into fol-

lowing its lead. So far it cannot be regarded even in the very negative light of a figure, which might serve the purpose of a vane, to point the direction of the wind in the medical atmosphere.

#### LECTURES.

We have been obliged to decline the publication of a number of Lectures of late. Not that we do not appreciate the value to a journal and its readers of "original lectures," such as those which grace the columns of the "London Lancet" monthly, whose novelty and merit commend them to the profession everywhere; and for such any of our periodicals could afford to pay liberally. But when brethren wish to advertise tnemselves in some specialty, by writing and printing lectures as though delivered to imaginary classes; and on trite and commonplace subjects, without a single new idea, or indeed any idea at all, which is not borrowed from the books of recent European savans, which books are as accessible to us all, as to these compilers of lectures, we must be excused from inserting them in the Gazerte, or even reading them when they appear elsewhere, for we and our readers can employ our time better.

We have seen such productions dignified by the title of lectures, in some of our contemporaries, which are little else than transcripts from Simpson, Bennett, Virchow, Latham, &c., though gravely presented as of domestic manufacture, and we cannot forbear hinting to our confreres, that some discrimination is needed in lending our columns to the glorification of second-hand chiffoniers, or their "Lectures." Verbum sat.

## REGISTRY OF BIRTHS, MARRIAGES AND DEATHS.

We have received the 17th Report to the Commonwealth of Massachusetts, on this important subject, for which we are indebted to the courtesy of our friend Dr. Josiah Curtis of Boston, who has brought to this registration an amount of industry, discrimination and experience which enable him to employ the statistics collected by that great State, with a degree of science and skill, immeasurably in advance of any other of the explorers in this field of research. His observations accompanying the tabular exhibit possess very great interest, and invest the whole subject with intense attractions to all who can appreciate the value of Vital Statistics in their relations to moral science as well as political economy. We hope to direct more particular attention to this Report and its teachings hereafter.

STATISTICS OF MEDICAL COLLEGES—1859-60.						
•	Students.	Graduates.				
Jefferson Medical College	630	170				
University of Pennsylvania	515	173				
University of Nashville	456	101				
University of New York	411	138				
University of Louisiana,	401	113				
Medical College of South Carolina	249	115				
N. O. School of Medicine,	216	63				
College of Physicians and Surgeons, N. Y	200	55				
Massachusetts Medical College	195	32				
University of Michigan,	185					
Atlanta Medical College	166	50				
University of Louisville, Ky	130	38				
Pennsylvania Medical College	130	38				
Ohio Medical College	128	32				
Mobile Medical College	111	15				
University of Virginia,	104					
Rush Medical College, Chicago	101	36				
Cincinnati College of Medicine	97	30				
National Medical College, Washington, D. C	83	29				
New York Medical College	75	20				
Shelby Medical College	75	9				
Buffalo Medical College	70					
Cleveland Medical College	70	18				
Oglethorpe Medical College, Savannah, Geo	60	21				
Lind University, (Chicago,)	30	9				
Medical Department of Yale College		13				
Kentucky School of Medicine		37				
Savannah Medical College		12				
Medical College of Virginia		82				
Medical College of Georgia		62				
St. Louis Medical College,		<b>52</b>				
Missouri Medical College,		30				
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# THE UNIVERSITY OF MARYLAND.

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University of Maryland, .....

The lamented death of Professor Frick and Dr. B. B. Smith, with the resignation of Professor Roby, has necessitated the filling of three vacancies in this excellent school. We learn that Dr. Edward Warren, of the Medical Journal of North Carolina, has been called to the Professorship of Therapeutics, &c., and Dr. Wm. A. Hammond, late of the U. S. Army, has been chosen to the Professorship of Anatomy. These are excellent appointments, both gentlemen being extensively known and highly esteemed by the profession everywhere, and we congratulate our venerated Alma Mater on being able to secure such successors to those, of whose valuable services they have so recently been bereaved. Dr. Farnandis takes the place of Dr. B. B. Smith as Demonstrator, for which he is said to be well qualified. This school, so ancient, and always so respectable, now promises a wider extent of usefulness.

## New Sydenham Society's Publications.

The two remaining volumes for 1859 are ready for distribution by the agent, Dr. Heywood.

Subscriptions now due, and an increase of books is promised for the current year.

Vanderkolk on the Spinal Cord, Medulla Oblongata, and Epilepsy, makes the fourth volume.

Kussmall and Tenner on Convulsions, &c., Wagner on Resections, with Graefe on Irideotomy, are included in the fifth volume, both elegantly bound.

The success and increasing patronage of the Society have encouraged the promise of a Year Book, to be issued annually, which will be of great value.

One of the first works for 1860 will be Bright on abdominal tumors and intumescence. Another, Professor Frerich's clinical account of diseases of the liver.

A reprint of Smellie's Midwifery, edited by Prof. Simpson; Casper's Medical Jurisprudence; Vogel and Menbauer's work on the Examination of the Urine, are in preparation.

Hebra's great Atlas of illustrations of Skin Diseases is now projected, and if the profession at home and abroad will respond by becoming annual subscribers, the first part will appear in 1860.

Let all reading physicians in America avail themselves of the labors of this Society.

Savannah Journal of Medicine.—Dr. John Stainback Wilson, of Columbus, Geo., has become corresponding editor to this periodical, which is still conducted by our old friends, Drs. Harris and Arnold.

Prof. Levin S. Joynes, President of the Medical Society of Virginia, has an address published with the transactions of that Society for 1859, which takes high ground for reform in Medical Education; though he thinks preliminary training impracticable at present, which in effect defeats all hope of improvement. So long as an illiterate, uneducated man can be admitted anywhere as a student of medicine, so long will-the efforts of the Association in any other direction be fruitless. All such should be sent to school for that amount of preparatory training which is an indispensable prerequisite to any medical education, worthy the name. We doubt whether Prof. Joynes himself does not concur in this opinion.

Dr. Wm. C. Rogers, of Green Island, N. Y.—The last Monthly announces the death of this gentleman, one of its valued correspondents; and, most singularly, the same number contains a paper, written by Dr. R. but a few days before his decease, "on the resuscitation of infants born still." He was a worthy brother, and died in the harness. Thus are we passing away.

Medical College of the State of South Carolina.—The class in attendance on the Lectures for the session of 1859-60 numbered two hundred and forty-nine (249) students; and the degree of Doctor of Medicine was conferred at the Annual Commencement on one hundred and fifteen (115) candidates. We congratulate the Faculty on this evidence of prosperity.

*Prof. G. B. Wood*, of Philadelphia, being about to visit Europe, has been tendered a public dinner by his brethren, on the occasion of his departure.

Prof. Austin Flint, Jr., has accepted the chair of Physiology, &c., in the N. O. School of Medicine, which has thus monopolized the services of father and son. Dr. Flint senior, however, will still retain his connection with the L. I. College Hospital during the summer and visit New Orleans in the winter.

Prof. F. H. Hamilton has removed his residence from Buffalo, and settled in Brooklyn, L. I., very much to the gratification of his numerous friends in this vicinity.

A New Medical College is announced at Leavenworth City, Kansas Territory. So we go. First a journal, then a college, and this before becoming a State. Verily we are a fast people, and live in a go-ahead age.

Dr. Brown-Séquard is at the head of a new hospital in London for Paralysis and Epilepsy.

#### THE CITY INSPECTOR.

Our old friend, Mr. Delavan, is winning golden opinions from all sorts of people, by the intelligence, industry, and discrimination he is exhibiting in the discharge of his official functions. Our own profession, which we confess clamored for the office to be given to a physician, and only failed in their object by the rivalries and jealousies of the medical cliques which unhappily divide us, have every reason to be satisfied with Mr. Delavan, and his subordinate, Dr. Ramsay, whom his good sense prompted to call to his aid, in the bureau of the department where medical knowledge was indispensable, and where, as we think, it has already been made available to signalize the administration of the present City Inspector beyond that of any one of his predecessors.

We shall ascribe the merit of some of these improvements to Dr. Ramsay, until we are otherwise instructed. We especially refer to the efforts he has put forth to correct and improve the bills of mortality, as derived from the weekly Reports of Interments in our city, and from which very important advantages are doubtless to be derived.

1st. He has classified these documents, so as to discriminate the mortality from actual disease, and thus correct erroneous inferences as to the comparative salubrity and sanitary condition of the climate of our city. By extending his plans, he will be able to show the amount of preventible disease of a fatal character weekly recurring here, and indicate its sources when these are removable; thus furnishing the figures without which the philosophers of the Sanitary Association, and those of the Boards of Health and Police, are speculating and hypothecating at random.

2d. But he has shown the inaccuracy and comparative worthlessness of our Reports of Interments, by demonstrating that the certificates of the cause of death are furnished in a vast majority of cases by ignorant and irresponsible men, calling themselves Doctors, but guiltless of education of any kind, which can in the least degree qualify them to know, much less to authenticate, the cause of death in any case; and rendering it more than probable that multitudes "die of the doctors and their drugs," who in so many instances "prescribe physic of which they know nothing, in diseases of which they know less," and are yet the registers of our statistics of mortality.

Our opinions, thus frankly given, find corroboration in the docu-

ments recently sent to the Common Council, by the City Inspector, who seeks to reform altogether these sources of fallacy in the official reports. Dr. Ramsay finds that there are many diseases reported as the causes of death, by ignorant and spurious physicians, while the Regular Faculty find these same diseases generally curable, and hence a fatal case is by them very rarely reported. So, also, many of these bogus medical reports ascribe death to causes which are known to be a falsification of the record, not by design, but by sheer ignorance of the facts to which they are allowed to certify. Their blissful ignorance is not only manifest in their orthography and chirography, but is equally apparent by their confounding diseases totally unlike in their nature, symptoms, and treatment; and their blunders in the latter are very probably the chief among the causes of the death, if the facts were known.

We trust that our city authorities will sustain these laudable efforts of Mr. Delavan and Dr. Ramsay, in rendering our bills of mortality worthy of confidence, that the statistics of our city may be made reliable and trustworthy. They will thus render a valuable service to the community.

## MEDICAL POLITICS.

Our Quarantine is in full blast, and the Health Officer is busy in collecting his fees, according to law, to keep off Yellow Fever, in which he will probably succeed, while our thermometers in this climate are still below 60° of F. So, also, that Floating Hospital is in readiness for re-enacting the farce of last summer, as we learn; and a case of yellow fever is reported by the panic-makers, as having died at the hospital, as a warning to have all things ready. We have not heard a word about the fomites! of yellow fever yet, or of its contagion either, but will expect a report when the Convention meets at Boston in about a fortnight.

But how is it that the Quarantine fails to keep out the Small-Pox, of which there have been so many cases and deaths in the city? Will the Resident Physician inform us of the sources of this pestilence in New York, and what is doing to arrest its prevalence? We see the old stereotyped proclamation of the Mayor is out, offering free vaccination at the Dispensaries. But what has become of the law excluding from the Public Schools all unvaccinated children? It is stated that some thousands have had the small-pox in this city within a few months, and some hundreds have died of it! The Quarantine

is powerless, and not only our city, but the State, and other States, are suffering from small-pox via New York. Persons are seen in our steamboats, cars, and omnibuses, with the well-known eruption out upon them, and a few find their way to the Small-Pox Hospital, while the vast majority are concealed in our hotels and boarding-houses, or at their own homes. Every one is a nucleus of infection, and the unvaccinated, by thousands, are found everywhere. In this respect, our Quarantine is a failure and a farce; and while this is our only reliance, the pestilence will continue to spread from New York all over the country, so long as vaccination is neglected.

Why is not a vaccine physician appointed in every Ward, to visit every tenement and offer vaccination, and to record the names and residences of all whom they vaccinate, and of all who refuse? We should thus know the extent of our danger, and banish the contagion by repeating this course annually, as ought by all means to be done.

But we despair of even this reform, unless some public officer can make a nice operation out of it. Is there any plunder in it? That is the question.

## Dr. S. M. Beemis, of Louisville,

Has been appointed, by the Governor of Kentucky, Registrar of that State, at a salary of \$1,500 per annum. Our confrere of the Louisville Medical Journal, while conceding Dr. B's eminent fitness for the office, makes his "strong protest" against "tolerating" the appointment, in a flippant article, which we opine Gov. Magoffin will laugh at. He alleges that Dr. Sutton originated the office, and "ought to have had the refusal of it." If he had, Dr. Beemis would not have been appointed, for nobody refuses a paying office now-a-days. the editor objects to one man getting up an office, "as it were," and "another man reaping the benefit!" This is so often done hereabouts, that we are used to it. We have had medical men lobbying for weeks, and in successive years, with our Legislature to create offices, and the Governor's discretion has then given the appointments to qualified men, and disappointed the office-seekers. But nobody made themselves ridiculous by "protesting," and all were obliged to "tolerate" it, as our amiable contemporary had better make up his mind to do. True, he tells us that "he himself has suffered too much in this way;" and if so, he has our profound sympathies. To use his own elegant simile, he has been indeed made to "eat dirt," which is almost as bad as to "regret" having hurt his weaker brethren, and

to resolve never to do a good-natured thing again. "But how the whirligig of time brings in its revenges!" If the editor will only continue as he has begun, to quote Latin, Dutch, and Chinese, and ornament his pages with citations of classic verse, as in reviewing Dr. Jones—if he will refuse to tolerate Gov. Magoffin's appointments by filing his strong protest—and finally, denounce "two-thirds of the American Medical Association," as playing the charlatan—he will soon, in his own splendid verbiage, "become like Milton's head devil!

----- above the rest
In shape and gesture proudly eminent."

## Alderman Boole and his Medical Valet de Chambre.

These civic dignitaries meditate a voyage to Europe at the public expense, and modestly ask an appropriation of only \$2,500 to defray incidental expenses. If they can thus raise the wind, they propose to visit both Paris and London, and show off to these foreign barbarians a model Alderman and a fancy Doctor, both from New York. They will be the representatives of our Board of Health and Sanitary Association; and it is rumored that the twain, on their return, project the improvement of their finances, by establishing a magnificent Poudrette Factory, for disposing of the offal of the city, by converting it into manure. Tony Dugro, Esq., who is no longer President of the Alms-House Governors, it is said will be one of the firm, and bring his large experience in removing night-soil into the service of the company. Guano will then become a drug.

## THE SEWING MACHINE

Has now become an institution, and it is "manifest destiny" that, in some form, its use is to become speedily coextensive with civilization. Our lucky neighbors, Messes. Wheeler & Wilson, by their admirable improvements, seem to have borne away the palm from all other competitors, and have been overtaken by a tide of patronage which will soon enable them to repose on their laurels. We congratulate them on their unparalleled success, and upon the additional fact that their names are repeated by tens of thousands of the mothers, wives, sisters and daughters in our own and other lands, whose tongues are vocal in their praise, for economizing time, preserving health, and prolonging life; for all these are the fruits of the Sewing Machines, invented and improved by these public benefactors. May their success be equal to their merits.

#### AMERICAN MEDICAL ASSOCIATION.

The Chairman of the Committee on Railroad Arrangements, Dr. Benjamin Noyes, of New Haven, has given notice that the Railroad and Steamboat Companies named below, have agreed to carry delegates to and from the meeting in that city on the 5th of June, at reduced rates of fare:

"The Detroit and Milwaukee, Michigan Central, and Great Western Railroads, to Suspension Bridge; the Pittsburgh, Fort Wayne and Chicago Railroad; the Pennsylvania Railroad; the Philadelphia, Wilmington and Baltimore Railroad; the Charleston and New York Line of Steamships. It is hoped and believed that arrangements for a reduction of fare between Philadelphia and New York will be effected prior to the sitting of the Convention; the New York and New Haven Railroad; the steamboats 'Elm City' and 'Traveler,' between New Haven and New York; the Western, and New Haven. Hartford and Springfield Railroads, between Albany and New Haven; the same roads, in connection with the Boston and Worcester Railroad, forming the 'Inland Express Route,' as also the 'Shore Line Route,' composed of the Boston and Providence, Providence and Stonington, and New Haven, New London and Stonington Roads: the Kennebec and Portland Railroad, the roads between Portland and Boston, the Worcester and Nashua, and Connecticut River Rail-Delegates and permanent members should make their official character known when purchasing tickets upon any of these roads."

## Manhattan Life Insurance Company.

By the announcement in another page, it will be seen that this prosperous and reliable Company are prosecuting the business of Life Insurance with continued success. They have had the sagacity to select a Medical Examiner, Dr. Dubois, whose professional knowledge and integrity afford the guarantee needed by insurers for the safety of their own interests, and the permanence of the Company, by rejecting unsafe risks, which his tact and skill qualify him to detect. We commend the Company as eminently trustworthy.

## Another New Journal.

The first number of the Georgia Medical Gazette and Surgical Encyclopædia has appeared at Sandersville, Geo. The editors are Drs. Horatio N. Hollifield and Tom W. Newcome, and it is promised monthly, at \$2 per annum. This is the fifth medical journal in the State of Georgia; so that this is the banner State—having four medical colleges and five journals!

## BOOK NOTICES.

REPORT OF PROFESSOR VALENTINE MOTT'S SURGICAL CLINIQUES IN THE UNIVER-SITY OF NEW YORK. Session 1859-60. By Samuel W. Francis, member of Dr. Mott's Surgical Staff. Sic est vita. New York: S.S. & W. Wood, 1860. This is a neat and elegant volume, beautifully printed and bound in the highest style of art. It is embellished with the only portrait of the Napoleon of Surgery which we have ever seen doing justice to the great original. The book is most affectionately dedicated to the brother of the author, Valentine Mott Francis, M.D., in a most fraternal spirit and in excellent taste. After a modest preface, nearly a hundred cases of surgical disease of almost every variety are related in brief, with the comments, prescriptions and operations of Professor Mott. In short, it is a volume of Clinical Reports, accurately kept during the late session of Lectures in the Clinique of the University, and may be considered a model in its way, for its teachings are eminently practical, and there is nothing commonplace in the record, but all will be found useful both to students and practitioners. The author has thus inaugurated a new era in Clinical Reports by this unique volume, if his example shall be followed by the pupils of other great teachers of our art, and the task be performed with equally good judgment and skill. We congratulate our young brother on the success of his maiden effort at authorship, and can wish him no higher honor than that he may reach the eminence enjoyed by his illustrious sire. The Errata on the last page, though more extensive than we ever saw in a volume of this size, does not contain one-half of the orthographical and typographical blunders of the printer, who ought to have the edition thrown on his hands.

REPORT OF THE PENNSYLVANIA HOSPITAL FOR THE INSANE.—This document for 1859, from the pen of the able and experienced physician of this model Institution, has reached our table. Dr. Kirkbride has won golden opinions from his own profession and the public, wherever his admirable government of that magnificent hospital is known, and this Report will add to his reputation among the benevolent and humane at home and abroad. More anon.

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## AMERICAN

# MEDICAL GAZETTE.

Vol. II.

JULY, 1860.

No. 7.

## ORIGINAL DEPARTMENT.

Thirteenth Annual Meeting of the

## AMERICAN MEDICAL ASSOCIATION,

Held at New Haven, Ct., June 5th, 1860.

The Session opened in the Chapel of Yale College, and after prayer by Prof. Fisher, was organized by the President, Prof. Henry Miller, M.D., of Louisville, Ky.; Drs. Bemis, of Louisville, and Hubbard, of New Haven, being present as Secretaries. Vice-Presidents Dr. Askew of Delaware, and Dr. L. A. Smith of New Jersey, were in their seats, their colleagues being absent.

Dr. Knight, ex-President, made the address of welcome on behalf of the State Medical Society, and was followed by Dr. Chas. Hooker, who represented the Committee of Arrangements, and announced the programme of proceedings, invitations, entertainments, &c., including in his welcome all the ladies who had accompanied the delegates.

The Roll having been called, nearly three hundred delegates were present, and the list was increased to nearly double that number during the session, which makes this the largest meeting ever held by the Association, representing a majority of the States of the Union; North, South, East and West, having responded to the call, and convened in this ancient seat of learning consecrated by so many hallowing associations.

The usual recess being taken for the selection of the Nominating Committee, and Dr. Storer, of Boston, being chosen Chairman, the following list of officers for 1860-1 was elected, viz.:

President-Eli Ives, M.D., of New Haven.

Vice-Presidents—Drs. Wilson Jewell, of Philadelphia, A. B. Palmer of Michigan, J. N. McDowell of St. Louis, and R. S. Arnold of Savannah.

Secretaries .- Drs. Hubbard, of Ct., and Johnson, of Ill.

Treasurer-Dr. Caspar Wistar.

The next Annual Meeting was subsequently fixed at Chicago, Illinois, on the first Tuesday in June, 1861.

The retiring President, Dr. Miller, then pronounced his inaugural, which was an able, discriminating, and just criticism upon the status of the profession of the country, with wise suggestions for improvement in Medical Education, of which he showed the necessity to be urgent and imperative. Of course, it was less eulogistic than was palatable to all, but his animadversions were merited, and in our judgment, called for at this particular juncture. It went to the Committee of Publication after an impotent betrayal of opposition in certain quarters, in which the policy of such truthful utterances was doubted. When it is read by the profession, we opine that its only severity will be judged to be its truth; and we honor its author for the moral courage which regards honesty as the best policy, and the independence which prompted him to sustain and defend his address, and take the responsibility.

The usual order of business was then proceeded with under the guidance of the First Vice-President, Dr. Jewell, who, at the request of the worthy President, performed the task, from which his own age and infirmity were a sufficient release. Dr. J. made an excellent officer, and presided with dignity and impartiality to the end of the session.

President Ives made a touching declaration of his unabated love of the profession, and his high appreciation of the honor conferred on being introduced to the Chair.

Among the numerous Reports of Committees, many of which were valuable, that on Medical Education, from the standing committee, copious extracts of which are found in this number, elicited some discussion. But as all the Reports will appear in the Transactions, we cannot allude to them here in detail, although that from the Committee of Conference and from the Teachers' Convention awakened very general interest.

The Association continued its sessions for three days; initiated the new regime of scientific sections, by which papers and reports were discussed on reference, and reported the result. And at the close,

very general satisfaction appeared to be felt with the results of the meeting so far as results were reached. Many important reports and papers were laid over, and referred to the next meeting at Chicago.

Some of the impromptu speeches made in Committee of the Whole, and in the Sections, were impressive and eloquent. Drs. McDowell, W. Hooker, Nourse, D. Crosby, Childs, Storer, Shattuck, N. S. Davis, and others, were among the best speakers.

A number of topics upon which it had been anticipated that much discussion would be had, were not reached. The rival claims of Wells and Morton, for the discovery of Etherization, were not alluded to, although a deluge of pamphlets on both sides were circulated. The "Langer" case was shut out under the rule, as well as some other local controversies. The Report of Dr. Cox, of Maryland, on Medical Necrology, and several other valuable documents, went to the Committee of Publication without reading, for lack of time. But few new committees were appointed, and the only one which fell to New York, is that of Prof. Clark, who is to report on Diphtheria.

The Convention of College Professors on the previous day, was very thinly represented by delegates, none appearing from the largest schools in the country. By request of the Association, the joint committees were reappointed with a view to a similar convention next year, in the hope that all the colleges, by that time, may send representations, and be prepared for progress and reform. But this brief sketch is all we can furnish at present of the sayings and doings of this meeting of our National Congress.

Another duty remains, however; that of testifying to the excellence and elegance of the reception extended to the Association by the profession of New Haven and their beautiful State, not forgetting the hearty co-operation of the civic and collegiate authorities, with the Committee of Arrangements, and the cordial welcome extended by the citizens generally, whose refined and generous hospitality extended to all the delegates and members of the body, and overflowingly towards the ladies of their guests, to whom every heart and home was opened.

We append the programme, as we despair of being able otherwise to do justice to the extensive preparations and liberal hospitalities of the occasion. All the receptions and entertainments were literally carried out on a scale of refined and elegant taste, seldom equaled, and never surpassed; and the beauty and even splendor of the decorations in the houses and gardens of our kind and generous hosts, were

only excelled by the Connecticut ladies, whose presence, cheerfulness, affability, and beauty, won all hearts. Our bachelor brethren who escaped unpierced by Cupid's arrows, may be put on record as "incurable cases."

## AMERICAN MEDICAL ASSOCIATION,

Meeting in New Haven, June, 1860.

#### PROGRAMME.

Evening Receptions will be given at the residences of gentlemen, as follows:

TUESDAY EVENING, JUNE 5TH.

Dr. Eli Ives, Temple Street, corner of Wall.

Dr. E. H. Bishop, 107 Church Street.

Dr. J. Knight, 90 Church Street.

Dr. Worthington Hooker, 20 Meadow Street.

Dr. Charles Hooker, 31 Olive Street.

WEDNESDAY EVENING, JUNE 6TH.

Prof. B. Silliman, Jr., 12 Hillhouse Avenue.

President Woolsey, 128 Church Street.

Hon. R. S. Baldwin, 115 Church Street.

Dr. Levi Ives, 51 Temple Street.

Dr. P. A. Jewett, 3 Wooster Place.

On Thursday Evening, June 7th, at 8 o'clock,

An Entertainment will be given in the State House. Each member will exhibit his Entertainment Card at the door. Invited guests will exhibit the small Entertainment Cards.

On Friday Morning, June 8th, (if pleasant weather,)

There will be an Excursion to East Rock. Omnibuses will start from the New Haven Hotel, and the Tontine Hotel, five minutes before 10 o'clock, and from the Merchants' Hotel at 10 o'clock, precisely; and, at the same time, a train will start from the Railroad Depot. Returning, the party will arrive in town before 1 o'clock, P. M.

Physicians and Ladies are free to visit the several places below mentioned:

Yale College Buildings, viz.:

Mineralogical Cabinet.

College Library; and in the same building the Libraries of the Linonian and Brothers' Societies.

Trumbull Gallery.

Alumni Hall, and in the same building the Halls of the Linonian and Brothers' Societies.

Gymnasium.

Medical College, York street.
State Hospital, Cedar street,
Orphan Asylum, Maple street.
Alms House, foot of Martin street.
City Prison, Whalley Avenue.
City Cemetery, Grove street.

Evergreen Cemetery, West street.

Public Graded Schools, of which the Eaton School on Jefferson street, and the Webster School on George street, are the largest. Hours of Session, 9 A. M. to 12 A. M., and 2 P. M. to 4 P. M.

Manufactories:—among the many which are interesting to visitors, may be mentioned the numerous Carriage Factories, (in all about fifty,) for which New Haven is so celebrated; the India Rubber Factory on Green street; the Clock Factory on St. John street; the Lock Factory of Davenport, Mallory & Co., and the Lock and Spring Factory of W. & E. T. Fitch, both on East street.

The Reading Room of the Young Men's Institute, on Orange street, is at all times open to Delegates.

Ladies are recommended to visit the Buildings of Yale College at any time on Tuesday; or, if more convenient, any other day during the week.

On Wednesday, at 10 o'clock, A. M., the Ladies, by invitation, will visit the Shirt Manufactory of Messrs. Winchester & Davies, 59 Court Street.

New Haven must be regarded as one of the most beautiful cities in the country, if not in the world. The private palatial residences of our public men, including those of our brethren there, have an air of quiet comfort, ample space, rural and architectural elegance, and horticultural adornment, to which we who are pent up in large cities cannot aspire. The luxuriant elms which flourish in the parks and avenues which surround and beautify the classic groves and shades of Old Yale, give rare attraction to the eye of those who visit this Elm City for the first time, and make such in our toilsome profession sigh for

that otium cum dignitate, which is the ultimatum of earthly ambition with most of us, of whom it is said, that we "work hard, live well, and die poor." Still, as life is only an extension of days, at best, we think we saw the proofs, that the climate and habits of the staid people hereabouts tend marvelously to longevity, for we saw octogenarians there who promise to see the century out, by all the indications of their sanitary condition, which were apparent to our searching eye.

Indeed, we never saw so many venerable men in so good case, as we found at New Haven, both among citizens and visitors. And between the presence of the Legislature in session, and this overgrown Convention, the latter were so numerous that the former must have been in the minority of the population if a census had been taken.

Our Convention received courtesies from the civic authorities of a The Governor and chief officers of the Assembly marked character. visited the body in session, and were invited to the platform; as also the President, ex-Presidents, and Professors of Yale College. the Legislature complimented the Association, and our President, by inviting our co-operation by a committee in framing a law to correct a flagrant evil, to which the latter alluded in his Inaugural, as a medicolegal question of great importance in our social system. Indeed, the whole City and State seemed to be moved by one common impulse to make our stay a season of unexampled civility and courtesy. State House was abdicated for our great Festival, and illuminated magnificently within and without, while the thronging multitudes congregated thither, presented an array of gaiety and fashion equal to the attractions of any city in the land. Long will the visit of the Association to New Haven be cherished in our memories.

## SELECTIONS.

[From a recent pamphlet, we select the following unique and suggestive case:]

Extreme Narcotism of Opium promptly relieved by Artificial Respiration and the Administration of Caffeine, by Injection.

Monday, Oct. 10th, 1859, 8 o'clock, P. M.—We are called in haste to Mr. F. H. T., aged 24 years, who, it was said, had taken laudanum, and was in imminent danger from the effects of the drug. We found the patient in the clerk's office of one of the hotels of this city.

He was lying on a sofa with his head supported in the lap of a friend. His respiration was very slow, though not counted at the time; pulse full, but of nearly normal frequency; he was completely insensible; tongue and lips purple, and muscular system greatly relaxed. It was positively known that he had taken, in a fit of temporary depression, over one ounce and a half of laudanum, nearly an hour before the time of the present visit.

The condition of the patient was so alarming that we began the treatment by the pouring of cold water on the head till the stomachpump could be applied; for, on attempting to introduce the tube into the œsophagus, respiration appeared to cease altogether; the entire muscular system was so completely relaxed that the tongue hung out of his mouth, and was pushed about by the end of the stomach-tube, in certain positions, folding back into the fauces, and apparently obstructing respiration. The attempt to use emetics was of course out of the question. The continued use of ice-water upon the head, and the occasional resort to artificial respiration, in a short time improved his condition a little—a very little—and we were willing to introduce the stomach-tube. This was effectually applied; large quantities of tepid water being repeatedly introduced into the stomach, and again pumped Laudanum was detected both by its odor and color in the fluid first discharged from the stomach. At the end of an hour, his condition becoming apparently more urgent than before the use of the stomach-pump, he was taken from the clerk's office to a room on the second floor of the hotel, where he was undressed and placed in bed, and the application of ice-water to the head was resumed.

12 o'clock, midnight.—The condition of the patient was now decidedly worse than it had been at any previous time; the surface was cold and purplish from imperfect aeration of the blood, the muscular system, if possible, more relaxed than ever; the respiration, fearfully slow, when counted by the watch, was found to be but four to the minute. The intervals between the inspirations were now irregular, and each time we had to resort to shaking and slapping the patient to provoke the automatic action of the respiratory muscles, and to raising him up suddenly to the sitting posture, with the same object. The tongue had to be constantly pressed forward with the fingers to prevent its falling back and obstructing the opening of the glottis. The imperfect and irregular action of the heart became now more alarming than ever. It was found that, in the reclining position, this symptom of the case was more alarming than when the patient was

placed in the sitting posture. Several times the intervals between the beats of the pulse led us to fear that the patient had expired, but on elevating him, the action of the heart became more regular. now kept in the elevated position, and not allowed to recline except for a moment at a time, for fear that he would die immediately. less efforts were now necessary on the part of his attendants to provoke the respiratory movements. Surrounded by his friends, several of whom were remarkably self-possessed and indefatigable, not a moment was allowed to pass without some effort, as by shaking, compressing the chest, &c., to excite inspirations. No time was now to be lost—but our best efforts at exciting respiration began now to fail to have any effect, and it was evident that artificial respiration was now the only possible hope for the patient. This measure, under the circumstances, was a natural suggestion, but for reasons sufficiently apparent, it seemed impossible to carry it out in the present case; most of the ordinary means of effecting artificial respiration seemed to us impracticable, on account of the delay involved in their performance, and Dr. Marshall Hall's "Ready Method" involved the horizontal position, in which situation it was clear to the minds of all present, the patient would die immediately.

## Artificial Respiration in the Sitting Posture.

1 o'clock.—Under these circumstances, we devised a method of artificial respiration which was well adapted to the condition of the patient—indeed, the only one possible—and which we do not recollect to have seen reported anywhere in the writings of any one on this subject.

The patient was supported in the sitting posture by an assistant kneeling on the bed at his back and holding his head erect between his hands; two other assistants standing on each side of the patient now took charge of an arm each, holding the limb firmly at the elbow and upper part of the forearm; the tongue was now pressed down by the handle of a spoon, or the fingers introduced into the mouth; the assistants having charge of the arms were now directed to elevate these limbs simultaneously, carrying them above the head at an angle of about forty-five degrees, and dragging upon them so as to slightly lift the patient; the arms were then depressed and brought down close against the sides of the thorax so as to compress the chest.

The effect of these movements was the following: At each attempt at lifting the body by the arms in this way, forcible traction outwards

was made on the walls of the chest, through the pectorales major and minor muscles, the serrati and parts of the two latissimi dorsi muscles—giving rise to expansion of the walls of the thorax; the air was thus caused to enter forcibly into the lungs, and thus *inspiration* was completed. The arms were then brought steadily down, and pressed against the sides of the thorax and abdomen—compressing them and expelling the air forcibly from the lungs and effecting expiration.*

Under the use of the artificial respiration, the appearance of the patient was much improved. The color was restored to the face, the lips became redder, and the countenance more natural, though the relaxation of the muscular system was by no means lessened; if the head was left unsupported for an instant, it fell forward as suddenly and forcibly as that of a dead man: The artificial movements were continued for more than an hour, and though the color of the patient was improved and the heart's action became normal, still when they were omitted, there was found no improvement in the natural respiration, these being still, but four times in a minute, as before artificial respiration was applied.

We now felt the necessity of adopting some means of introducing a stimulant or anti-narcotic agent into the system. Strong Coffee naturally presented itself to our mind, but the only preparation we could obtain at that time, was a rather weak infusion left from the supper at the hotel. It was clearly impossible for the patient to swallow anything, and we did not think it advisable to run the risk of introducing the stomach-tube in his present condition; we therefore called for a syringe, but the weakness of the coffee caused us to hesitate about using it, when, fortunately, the idea of Caffeine occurred to us, and we sent immediately for that preparation. The artificial respiration was then energetically resumed, in order to prepare the patient for being placed in the horizontal position. A small quantity of the Caffeine was rubbed upon the tongue and to the inner surface of each The patient was then laid upon his side, and an injection of the coffee with a large quantity (afterwards ascertained to be TWENTY GRAINS) of the Caffeine dissolved in it, was administered by the rectum, with a common syringe. The patient was then immediately raised again to the sitting posture, and the artificial respiration resumed.

In less than half an hour, we perceived that occasionally, between

^{*} A more extended description of this "Natural Method of Artificial Respiration" will be given hereafter.

the artificial movements, the patient would effect a natural inspiration; these became more frequent, and soon rose to about eight in the minute. He was then laid down and the artificial respiration omitted. The assistants, however, were directed still to remain on the bed and to retain their hold on his arms, that they might resume their efforts at any moment. An hour had not elapsed from the administration of the injection, when the patient, to the astonishment of all present, forcibly jerked his left arm from the assistant! (which was the first action of the voluntary muscles he had performed) and immediately began to twist himself in bed, and told those about him, angrily, "to let him alone!"

From this time, he did not again sink into the comatose state, and the relaxation of the muscular system did not return. The respiration became more and more natural, but he remained drowsy, and efforts were continued occasionally to prevent his remaining too long asleep.

The condition of the patient during the remainder of the night, (from 2 o'clock till daylight) was very peculiar; his eyes were heavy, he seemed greatly inclined to sleep, and occasionally would snore a little, but yet he appeared quite cognizant of everything going on around him, and of all the remarks made by his attendants; he had great repugnance to being held or touched. During the earlier part of the narcotism, one of his friends, a young man, tried the expedient of tickling him on the ribs and lower part of the abdomen, with the hope of arousing him; then, the tickling had no effect whatever, but now, it seemed to produce the most painful annoyance, and vexed him beyond all control. The measure was advised, nevertheless, to keep him from falling asleep. He would lay apparently asleep, but before the hand could reach the surface, he seemed to be aware of the intention, and would select the offender from the whole crowd of his attendants, and aim the most angry blows at him with great accuracy; and, finally, on one occasion, before he could be restrained, he jumped out of bed, and followed him to the head of the steps, threatening to shoot him if he thus annoyed him again.*

^{*} We have been thus minute in the description of these latter manifestations because this peculiar sensibility and irritability appeared to us to be the result of the Caffeine, and we think it important to relate every thing which evidenced its influence on the nervous system, when administered in such a large dose. The irritability was not the ordinary itching of the skin following opium; (he had that too) but an intolerance of all impressions made on the surface, accompanied with a singular watchfulness of the mind, (considering his tendency to

We left him at daylight. His drowsiness at that time was not very marked.

11th.—We called at the hotel at 10 o'clock, A. M., to see Mr. T., and were informed that he had "gone home to his own residence, nearly a mile distant, at the lower part of the city."

12 o'clock, m.—We were called in haste to see our patient. Found him in a most excited condition; he seemed somewhat alarmed; his face was flushed, his eyes presenting an unusual brightness; he complained of headache, great restlessness, and the surface was covered with a profuse perspiration; the pulse was full, quick and frequent. He stated that he had had an alarming attack of a nervous character, which he referred to irregularity and palpitation in the action of the heart.* This had subsided, however, after taking a stimulant, and his condition was such as just described. Prescribed the application of cold water to the head, and that he remain quiet at home till his excitement had subsided. He rapidly recovered and was well in a few days.

There is but a single additional remark which we would desire to make on the effect of Caffeine, as observed in the foregoing case. Mulder, as we have seen, gave this alkaloid to rabbits, and the animals aborted on the second day after its administration; Albers, in one series of experiments on frogs, administered the agent by the stomach, and in another, introduced it into the tissues beneath the cutaneous surface—the effect in both instances, was to produce a tetanic condition of the muscular system. In our patient, the muscular relaxation was extreme; his head would fall from side to side, his tongue hung out of his mouth, in the prone position, and fell back into the fauces, in the recumbent posture; not a fibre in his entire muscular system seeming to possess its normal tonicity. And yet, in less than an hour after the administration of a very large portion of Caffeine by the rectum, all this had suddenly disappeared, and he was in the exercise of the most active muscularity; pulling away from his attendants.

sleep) on certain subjects. He never, for a moment, seemed to forget that he was in danger of being tickled, and on no occasion did he mistake any other necessary handling of his person for an attempt to annoy him. There was a clearness of the mind in this respect, which was truly remarkable.

^{*}We would here state that we would not advise the administration of the Caffeine in such large quantity, viz.: xx grains, as we used in the above case. Did occasion occur again, we should use *repeated* doses of v or x grains, till the desired effect was produced.

pushing them from his bed-side, jumping out of bed, and performing every variety of movements in the most energetic and well co-ordinated manner. From this simple collocation of the experimental facts of Mulder and Albers, and of the observed facts presented by our case, there certainly appears to be a relation between the phenomena of the one and those of the other which has a bearing on the muscular system. Caffeine, it would appear, then somewhat in the same manner as strychnine, may be regarded as one of our most efficient agents for restoring muscular contractility, and for reviving the tonicity of the muscular fibre.

The principal object of the present report, however, is only to extend the results of the above remarkable case, wherein the anti-narcotic effect of the drug had been very apparent; and we therefore desire to dwell no longer on incidental physiological phenomena. Caffeine, so powerful an alkaloid—possessing in a concentrated form, all the antisoporific virtues of coffee—we have thus found an antidote for the narcotic effects of opium, and one which can be applied even in the most extreme states, by injection, we must feel that an important extension of its application as a therapeutic agent, has been made, and that many lives may be saved hereafter, by its use. soning from the result of a single case, it is true, however remarkable . that case may be, is, we are aware, always more or less unreliable; but, with the most jealous interpretation of the phenomena, as we observed them, we have been forced to the belief that the means used here, acted most powerfully, in producing the favorable result. Indeed, we have never witnessed sequences after the administration of a medicinal agent, which impressed us more fully with the conviction of cause and effect. We would, however, take occasion, in closing, to urge the repetition of the administration of Caffeine in cases of Opium-Coma, to a sufficient number of the many which are daily occurring under the eyes of the Profession, in order to prove or disprove the validity of our confidence in the remedy.

#### SUMMER SCHOOLS.

Professor Westmoreland, of Atlanta, Ga., thus speaks on this topic in his late Introductory:

To-day we open you the doors of a Summer School of Medicine, the only one in the South, at the time of its organization—the pioneer in the system of summer teaching south of Philadelphia. It was then called a useless experiment by those north of us, who, in medical teach-

ing as in commerce, grow rich upon Southern contributions. And while they court patronage to sustain their mercantile establishments and institutions of learning, the most fiendish denunciations are pronounced politically.

While the theory of Medicine is the same North and South, and while facilities for learning have not diminished, recent demonstrations of political demagogues and abolition fanatics North have determined a portion of their patrons South to withdraw support in any way from a people continually waging political warfare against them. They determine no longer to give strength, power and influence to a section whose highest ambition is our political and commercial demolition.

Now, while we would not detract in the slightest degree from the deserved reputation of Nothern Medical Colleges, it is evident, from the aspect of political matters, we should be admonished to look well to home institutions. It is necessary that we be prepared in summer as well as winter to supply the demand of the medical learner with all the facilities necessary to acquire a medical education when it is his preference to accept it. This we are attempting to do, and it is for you, and others who may visit the institution, to determine whether or not that attempt has been successful.

In addition to the several Winter Schools in the South and West, there are now two regularly organized Summer Medical Institutions, holding but one regular session during the year. One of these in Atlanta, Georgia, and the other in San Francisco, California. North, in addition to the Winter and quasi Summer Schools, there is in Brooklyn, N. Y., a bona-fide Summer Medical College, recently established, of which an eminent medical man of New York City, in a recent letter to me, says: "Your success in the Summer Course has resulted in the Brooklyn Summer School, and has disarmed opposition."

From this we would infer that opposition to our enterprise had once existed, and that it arose either from jealousy or a want of confidence in its practicability; and also that it has been allayed by other proofs of the possibility of success with Summer Schools, or the addition of other influences to secure popular favor.

The Summer Schools established, seem at present sufficient to the demand for summer teaching. If others become necessary there is no doubt they will be organized; and should new institutions be founded, it will not be our pleasure to throw difficulties in their way.

In no spirit of rivalry, nor with a disposition to pull down others for our own promotion, was this institution established. This feel-

ing does not yet exist in the breasts of those who control its movements; and when from jealousy it becomes the policy of the Atlanta Medical College to detract from the character of others, in order to increase her own numbers, she will become unworthy the position she has attained, and unworthy the confidence and respect of Medical students. Upon merit let her stand or fall.

The enterprise of Summer Medical Schools in the South five years ago, was an untried experiment, and was undertaken in Atlanta in the face of the generally believed and oft-repeated opinion that Anatomy could not be taught practically in warm weather. To-day, no one that has any regard for his reputation as a man of information in medical matters would dare question that fact. In five years more mark the prediction—the opinion will be generally entertained that this important branch of medical science can be more profitably prosecuted during summer than winter. By this, we mean no disparagement of the winter course of study. No; the medical pupil can study all the departments in all seasons; and it is important to him that facilities be afforded winter and summer. The time which is spent in the usual office study between the regular courses, confined to one season, consisting of about eight months, is, to say the least of it, unprofitable in preparing the student for the duties of the profession.

Success, we say then, to all Medical Schools that merit success by affording the proper means for the acquisition of scientific knowledge, whether in winter or summer. And if any there be that fail to come up to the curriculum of studies usually taught; that confer the degree upon unworthy applicants, who are a disgrace to the profession, and a bane to the community; or that, by unjust inuendoes and otherwise, seek to defame the character of other institutions for their own aggrandizement, it needs not our condemnation to direct attention to their conduct, nor our accusation to arraign them before the bar of public opinion.

The history of Summer Schools at the time of our organization, was not at all encouraging to the undertakers of the enterprise. So unsuccessful had summer teaching uniformly proven to be in the North and West that failure was confidently predicted by our enemies, while serious fears were entertained by many who wished the project success. And not until the test of time had blasted the hopes of the one and calmed the fears of the other, was the significant fact taken into the account, that most of the unsuccessful efforts of the kind were

made in connection with Winter Schools, and conducted by the same teachers.

When two full Courses are attempted during the year by the same Faculty, the proper facilities are not usually afforded to warrant success in both. And, again, the practice pursued by some of these institutions of granting examinations for the Degree at both sessions, was not only looked upon as of questionable propriety, but openly condemned by a large proportion of the profession.

## Ligature of External Iliac for Traumatic Femoral Aneurism.

By CHAS. BELL GIBSON, M.D., Professor of Surgery in Medical College of Virginia.

Master T. L., of New Kent Co., æt. 16, while playing with a penknife, in August, 1859, let it fall on the front of the left thigh, near the groin, inflicting a punctured wound, which produced hæmorrhage of a few ounces. By the application of cold and pressure, the bleeding soon ceased. Some swelling occurred almost immediately afterwards, but disappeared gradually in a few days. The small wound quickly healed, and the patient felt no inconvenience from the accident until the early part of January, 1860, at which time his attention was called to a small tumor, occupying a position midway between the pubes and ilium, partly above and partly below Poupart's ligament. It gave no pain, but pulsated distinctly. There was an occasional rather painful sensation down the inner side of the thigh.

Mr. L., the father, brought his son to me for examination on the 17th January, 1860, and gave me the facts above mentioned. At this date, I found a tumor larger than an ordinary hen's egg, and somewhat of that shape, extending above and below Poupart's ligament, presenting the usual symptoms of aneurism. I pronounced it, accordingly, traumatic aneurism of the femoral artery, and advised ligation of the external iliac.

At Mr. L's suggestion, Dr. Bolton was invited to examine the case, and agreed in this diagnosis and mode of treatment. The operation was done on 28th January, at 3 P. M.; present, Drs. Bolton, Landon Rives, Cullen, E. Mason, Robertson and Clopton.

Ether was administered for an hour without effect, and chloroform being then substituted for it, in a few minutes the patient was completely anæsthetised.

Lisfranc's method of operating being selected, an incision was

made, on a level with, and an inch within the anterior superior spine of the ilium, and carried downwards, terminating an inch above the spine of the pubis and about an inch and a quarter on its outer aspect. The abdominal muscles were divided and the transversalis fascia exposed. This was then carefully scratched through, and the peritoneum exposed and pushed aside. It was then held out of the way by an assistant's fingers. The artery was felt pulsating along the border of the psoas muscle, and being separated by the finger-nail and knife-handle from the vein, the aneurism needle was passed between the vessels and the ligature applied.

Pulsation in the tumor instantly ceased. The usual dressings of suture and adhesive strips were made, and the limb was then carefully enveloped from the toes to the groin in repeated folds of cotton wadding, secured by the roller.

At 10 P. M., between 8 and 9 hours from the ligature of the artery, the collateral circulation was perfectly established.

On the 31st January (3d day) the wound was inspected and sutures removed. Union had taken place everywhere but at point of exit of ligature.

On examining the tumor, I was struck with the great diminution in its size, but somewhat annoyed at detecting a slight pulsation, more distinct on its inner aspect, where pulsation had been most marked before the operation. There was not the slightest thrill, and the pulsation itself was so slight as scarcely to be detected, and leaving me in doubt whether it was within or beneath the tumor. On the 3d February it could no longer be detected.

March 8th, to-day, the 40th from the operation, the ligature was removed with the slightest effort, having remained very firm up to the day previous (7th). Slight traction had been made upon it every day for two weeks before its removal. The wound closed entirely on the 10th March, and the patient returned home on the 14th, with scarcely a vestige of the aneurismal tumor.—Md. & Va. Med. Journal.

## Extracting Foreign Bodies from the Eyelids.

The lid being seized at its angles between the thumb and fore-finger of each hand, is to be gently drawn forward and downward as far as possible over the lower lid, and retained there for about a minute. On allowing the upper lid to return to its normal position, the flow of tears will carry off the foreign body, which will usually be found on the lower lid, or one of the lashes, or on the cheek.

## AMERICAN MEDICAL ASSOCIATION FOR 1860. Extracts from Report on Medical Education.

At the meeting of this body, held in Louisville, Kentucky, last year, the Committee on Medical Education was made to consist of Drs. D. Meredith Reese, of New York, Chairman, John Bell, of Philadelphia, W. K. Bowling, of Nashville, Z. Pitcher, of Detroit, and C. Fishbach, of Indianapolis.

Their Report was presented at the late meeting in New Haven, and, after discussion in Committee of the Whole, was accepted and referred to the Committee of Publication; the resolutions being laid over until the next annual meeting, for consideration. The whole document will appear in the Transactions.

We make room only for the following extracts from the Report, including the resolutions, which latter will be considered at Chicago in 1861:

These general and abstract views premised, we are prepared to consider the single aspect of the subject committed to our inquiries. We are all familiar with the nature of Common School, Academic and Collegiate Education; as also with those higher forms of education which are superadded to one or all of these, and which are designated by a specific and characteristic title, viz., Legal, Theological, Medical, &c. But we are not always impressed with the fact, that for obtaining these latter, previous possession of the former is presupposed; and that by Medical Education we understand a theoretical and practical training, to which the attainments gained in Common School, Academy, or College respectively, are not only preliminary, but essentially and indispensably prerequisite.

As we have failed, in our profession, to adopt this view of the subject, and to act accordingly, let us look, for a moment, at the views entertained and acted on in the other liberal professions.

Theological or a Law school cannot be entered except by an educated youth or pupil. The professors in these do not profess to teach Law or Divinity to the unlettered in scholastic or academic sciences; and hence no novice can become a pupil in either of such Colleges. He is sent back to school, until he acquires the "indispensable prerequisite," viz., a preliminary training in language, science, and art; and this, not after any arbitrary rule, but from the necessity of the case; for while uneducated in the lower, he is incompetent to learn those his her departments of science.

Your Committee respectfully submit, that this single analogy, derived from parallel cases, if there were no other argument, should suffice to demonstrate that the time has arrived when our profession should unite as one man, not only to exclude the uneducated from their private offices as pupils, but should demand that the Medical Colleges, to which we have committed the keys of the only portal that opens into our inner sanctuary, would prohibit the matriculation of any student who has not, after adequate preliminary education, been trained in the office of a private medical preceptor of reputable standing, for the term of at least one year, and who shall not present full And to make such rule effective, no professor or proof of this fact. teacher in any Medical College should have pupils in his private office, but should relinquish such privilege to the private practitioners; thus making them responsible for suitable early instruction, and also as a courteous recognition of the monopoly wielded by the whole profession to the Colleges, of exclusively conferring the degree, which is a license to practice physic and surgery, in toto mundo.

But, at the very outset, your Committee are arrested, and almost discouraged from any attempt at prosecuting their inquiry, by the reflection that the whole field has been gone over, and all the requisite landmarks defined by those who have preceded them in their severa reports to the Association. More depressing still is the fact, that the absolute standard in some cases, and the improvements and modifications in others, relating to medical education, adopted by this body on the very first year of its sessions, have either remained a dead letter, o have terminated in retrogression by the more hopeful and confiding few who made the trial of compliance with the recommendation of the Association.

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Without referring to the example of our European brethren, whexact preliminary requisites before allowing a youth to commence medical study, and this far beyond any ever proposed in America; and whose curriculum of studies, term of attendance on Lectures, and Clinical teaching, occupy at least four years, so far exceed us in this respect and approximate to all we claim; your Committee would urge that provisions for securing a preliminary education are especially caller for in this country, to an extent unknown in any other. The project of having preliminary schools and preparatory Colleges, in which junio students may be occupied in the elementary branches during the first year, has already received the favor of the Association; and, in one cour Medical Colleges, the experiment is now being made, of dividing

the classes into junior and senior students, separating the elementary from the practical branches; increasing the number of professors and lecturers; having fewer lectures on each day; and extending the term of the session to six or nine months. Several of our other Colleges have been providing summer as well as winter courses, and a few give instruction during the whole year, as in the Academic course, with a brief vacation in midsummer; while still others prefix and affix to each course from two to four weeks, thus making a five months' session. Still none of these improvements are made obligatory, and hence two terms each, of four months, and in which two courses are given, with six or seven lectures a day, constitute the chief conditions now, as they did forty years ago, for receiving a degree. No preliminary education being required, the graduation of many who are strangers even to the orthography of their mother-tongue, is allowed, and the title of M.D. is bestowed upon those who cannot spell the words "physician, college, or bospital," but who, in compensation for such glaring deficiencies, have paid for their tickets for two full courses of sixteen weeks. amcient requirement of adult age is practically neglected, and has become a dead letter.

It is an ungrateful task for us to allude to these humiliating topics, but candor and truth require it. The system at present in vogue, it is conceded on all hands, imperatively requires a radical reform, and the hearty assent of the colleges by their representatives on this floor, is all that is necessary for accomplishing this end. Hitherto the efforts of this Association, from the date of its formation, have only remited in the mere semblance of improvement, which "keeps the word Promise to the ear, but breaks it to the hope." The responsibility for this failure to accomplish Reform rests, as your Committee are fully persuaded, upon the colleges. Some of these institutions did, indeed, make the attempt to extend the term, and even persisted in it for years, until their diminished classes, and the refusal of other and rival colleges to adopt the requirements of the Association, warned them to relax their efforts. The profession at large not only took steps to sustain the extended course of instruction, but continued sctively to patronize by sending their students to recusant and even defiant schools. It was a matter of observation that these latter, both in Philadelphia and New York, had an increase in the number of their classes.

Some schools, as if to show their utter disregard of the wishes of the Association as to the necessity of extending the period of instruction, virtually shorten their already too brief sessions, by examining

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their students who are candidates for a degree, before the expiration of the regular license term. By this means, the attention of the candidates is distracted between the lectures and preparations by reading They cannot be expected to attend the former for their examination. while their thoughts and feelings are so much taken up with the latter. They are also placed under the disadvantage, if the examinations cover the whole ground of the subjects which are proposed to be taught in the school, of being questioned on subjects not yet. reached by the lecturer in his course. It is not very probable, moreover, that a student, after he has passed his examination, will care to continue to be a regular attendant on the lectures: he has gained the object of his cherished hopes, and is disposed, for a time, at least, to take his rest. Sympathy for their associates who are candidates undergoing examinations, and continual conversations on the subject, by the other members of the class, many, if not most of whom, are first-course students, have a disturbing effect on these latter, and must contribute to hasten their premature departure from the school for their homes—a proneness to which is at all times great among firstcourse students. Candidates coming forward under the above circumstances, and only examined by each professor in private, cannot be supposed to be impressed with the importance and solemnity of their trial; but rather, on the contrary, they can hardly fail to regard it as part of a race, in which everything is lost sight of in the eagerness to reach the stand, from which hang pendant their coveted parchments.

Progress in the right direction can never be attained until the profession represented here shall combine to raise the standard of medical education, by insisting that the reforms which this Association may ultimately decide to be necessary and practicable, shall be carried out in the colleges under no less a penalty than the forfeiture of any representation or recognition of the recusant schools in this National Congress, and the withdrawal of the patronage from them of all the State and County Medical Societies whose delegates constitute the ruling majority of this body. We claim for the physicians of our country collectively the right to prescribe who shall become our professional coequals, and, at the same time, the terms of their admission into the fraternity; although we may yield to the Colleges the exclusive right of teaching in conformity with the statutes mutually agreed upon here.

For illustration of the pressing need of Reform, we would point

to the important subject of clinical teaching, which now more than ever requires to be insisted upon, and which, as practiced in most of the schools, is inadequate, merely nominal, and often useless, while in others it is wholly neglected. It cannot be questioned that to firstcourse students, unprepared as most of them are, all clinical teaching is fiction; and though they may mingle in the throng who surround the teacher at the college clinic, or follow him in the crowd on his hospital visits, they not only fail to learn, but they hinder by their presence those who might otherwise witness clinical demonstrations and operations. Clinical medicine and surgery can only be adequately taught by those who have the time to give to their work their undivided attention, and then only in small classes of students at a time; who must be near enough to the patient to see, and hear, and feel, and smell, and taste, if need be, all that will aid them in their observations. So that, to follow a teacher in a hurried transit through the wards of a hospital, mingling with a crowd of students, is more of an exhibition than a practical lesson. And yet little more can be furnished in any college or hospital, even in the cities where clinical opportunities are made their boast, as the chief incentive to students who often throng such schools, and are doomed to bitter disappointment. Hence a clinical professor should be attached to every faculty which professes to teach practical medicine; who should have no other duties to perform in the school than to instruct the candidates for graduation daily. if not one by one, at least in small groups by the bedside of the patient; this initiation to be the final preparation for the practice of This ordeal should be passed under competent and faithful teachers, as a sine qua non for admission to the responsible duties of a practitioner either in Medicine, Surgery, or Obstetrics.

It is for lack of such special training, superadded to theoretic and diductic lectures of the right cast, that young physicians are so often made to feel their deficiencies, and subjected to the humiliating exposure of their blunders to others—sometimes an entire loss of reputation.

The truth is, and it ought to be realized, that in this, as in every other department of human knowledge, whether of art or science, actual practice is indispensable to success, whatever may be the amount of acquirements from books or teachers. This truth is recognized everywhere but in medicine. Would a teacher of Navigation or Civil Engineering, for example, place any pupil in charge of a ship, or a locomotive, who, although well indoctrinated in the principles of

these sciences, had never ventured on board a ship, or had never seen an engine managed by an expert? Would not a wreck in one case and an explosion in the other be anticipated as certain? Of what avail is theoretical knowledge in such case, without actual experience?

Thus it is with a young man who has read the books, attended two full courses of lectures, passed his examination, and received his degree. He may have studied three years, be twenty-one years of age, and bear a diploma certifying to his being "doctissimus," &c., but his first patient proves to himself that he has entered upon a terra incognita, and that without having been clinically taught, all his other teaching avails him nothing. He counsels with others, whose experience he now finds to be worth more than all his acquirements of years, and he either hastens to spend a year in some hospital, or possibly throws up a profession in disgust, for which he has no practical qualification, for lack of adequate instruction. It is the fault of the system which professes to teach the science without any lesson in the art; a fault in all our schools, and which should be reformed altogether.

It can scarcely be necessary to remind the Association of the obvious reasons which justify a demand for a higher and more extended course of Medical Education in 1860 than that which sufficed half a century ago. Many of the departments of our science have undergone an entire revolution, while others have been newly created within that period. And yet all these sub-sciences, old and new, ought to be taught and acquired, before any physician can be thoroughly prepared for his work at the present day. After all the progress which has marked the last half century, can we be content with a curriculum little in advance of that of our colleges in 1800; and shall even the slight improvement of seven chairs or professorships be the ultimatum in our proudest universities? Are Anatomy, Surgery, Obstetrics, Materia Medica, General Chemistry, Physiology, and the Practice of Physic, so called, and these alone, to constitute the whole of Medical Education, as they did aforetime? Even in these very branches, the improvements and changes in the last twenty-five years, growing out of the discoveries of enlightened science and the march of intellect among us, would alone consume the old four months' course. ing enlightened by these facts, we are still jogging on at the same pacel

Medical Jurisprudence, Sanitary Science, Clinical Medicine, Clinical Surgery, and Clinical Obstetrics, Botany, Pharmacy, and Thera-

peutics, and Organic Chemistry, should be separately taught. Microscopy, in its relations to histogeny alone, is itself a department. There are innumerable specialties which would afford an ample field for separate teachers, such as Ophthalmology, Urinary Pathology, General and Special Diagnosis, Thoracic and Laryngeal Diseases, Diseases of Females and of Children, &c. Your Committee will be thought extravagant in aspiration if they express a wish to see a professorship of Medical Literature, which should include medical biography and medical bibliography. But we seem doomed to the magic number seven professorships for teaching all the departments of Medicine, which now number seven times seven, until we shall discover a method of securing a division of labor, without any division of the fees, to which the ancient illustrious seven have a prescriptive and exclusive right.

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But is Medical Education in America always to remain a trade? Are mere mercenary considerations to be paramount in considering the grave question, How are our Physicians and Surgeons to be qualified to be the safe and reliable guardians of the health and lives of this and the coming generation? Your Committee answer these questions in the negative, and hence pass over the whole subject of the emolument to the professors, or the proportion this should bear to the nature and extent of their labors, or the branches they profess to teach.

Our inquiries are directed to the system of Medical Education as it now exists, and to the improvements and reforms which the advance of science and the demands of the profession require, in order to meet the wants of the times; and we pursue this object, irrespective of the effects of necessary reform upon the pecuniary interests of any of us, either within or without the colleges.

It is no valid objection to an increase of the number of the chairs in any Medical Faculty, that the receipts of such chairs would be diminished thereby, provided we show that such change will be wise and expedient. So, also, of the extension of the term of each session, and of the delivery of fewer lectures each day, if such alterations be advantageous and necessary, even though their adoption may impose a longer term of service upon the professors, and preclude a voyage to Europe in the interval of the sessions.

Nor can we attach importance to the allegation, that the proposed extension of the term of study, as well as the enlargement of the

time of each lecture session, will subject the students to increased ex-It is no part of our duty to cheapen medical education, and fill our ranks with unqualified men, who can only have offered themselves in this instance in the spirit of trade. But we are charged to inquire whether such extension of time is called for, and essential for the acquisition of a thorough and adequate medical education, now that our science, its resources and requirements, are so much in-We cannot believe that if it were now promulgated, that four years of continuous study, and three years of attendance upon collegiate lectures, including a clinical course, were the indispensable prerequisites for an examination for a license or degree, that any student stimulated by proper ambition would be repelled thereby. If it were otherwise, we should deem it unimportant. As things are, while the eagerness of the schools to have large classes continues, no student meriting the name would ever be rejected for lack of funds; nor could the tax, as some might call it, by prolonging his period of collegiate attendance, be regarded in any other light than as decidedly advantageous to him, and as increasing the means of his future usefulness.

All history and all experience will sustain the opinion, that no student ever was adequately qualified for the practical duties of his profession after less than four years' study; nor even then, until fortified by further experience in after years. If such has been the testimony of the past, the variety and extent of knowledge now demanded admit of no diminution of time, but rather suggest its extension.

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It will be seen from the preceding accounts of the qualifications demanded of candidates for a diploma or license in the British schools, universities and colleges, that many branches, a knowledge of which is insisted on as a prerequisite for obtaining the desired honor, is not called for at all in our American schools. Your Committee would instance structural and vegetable betany, practical chemistry and pharmacy, hygiene, general pathology, general therapeutics, practical midwifery, and forensic medicine, or medical jurisprudence. But the most mortifying contrast between the systems of medical education in the two countries is in a branch of literally vital importance, viz., of clinical medicine, on which continual stress is laid and the most rigid exactions required by the examiners in the British schools, but which is treated as an affair of small moment, scarcely meriting a distinct mention in American schools. At-

tendance on hospital practice and hospital clinics is no longer required of the students in the two great schools of Philadelphia—the University of Pennsylvania and the Jefferson Medical College. In its stead is substituted what must be called, with all respect personally for the gentlemen comprising the Faculties of these institutions, a pure delusion, under the name of "College Clinics," in which the attending students cannot see even the expression of countenance or line of the skin of the patient, and, of course, are at an entirely unapproachable distance to allow of their feeling the pulse or learning from the exercise of any of their senses, a knowledge of a single symptom of the disease, not to speak of their utter inability to make out anything in the form of a diagnosis. They might read at their rooms a clinical history of a case with about as much instruction as they derive from listening to the statement of one by the professors in the amphitheatre. As to the subsequent course of the disease of the patient brought before them, they have no opportunity of following it, or of studying its successive changes on to recovery or death, or of the effects of the remedies prescribed.

It now remains for us to consider what are the improvements needed in the system of examination of medical students who are candidates for the degree of Doctor of Medicine and license to practice. That a reform in this respect is imperatively required, is now a matter of general persuasion. The single fact that a multitude of unqualified men, bearing the diplomas of incorporated medical colleges, are to be found all over the country, is unhappily notorious.

The periodical examinations by the Army and Navy Boards, of graduates fresh from nearly all the colleges, whose "broad seal" and the sign-manual of whose professors they bring upon their diplomas, demonstrate incontestably that few, very few of the candidates are adjudged worthy and well qualified to enter the medical staff, and be intrusted with the care of the health and lives of the soldiers and sailors enlisted in the public service. We learn from the reply of the acting surgeon-general at the time, to the first Committee on Medical Education, that "the most striking causes of failure on the part of the candidates are, insufficient preparatory education; a hurried course of professional pupilage; want of proficiency in practical anatomy, in pathology, and in clinical medicine." "Each candidate is required, as introductory to his examination, to prepare in writing a brief extemporaneous description of the causes, symptoms, pathology, treatment, &c., of such diseases as may be assigned by the Board, together

with one or more prescriptions, proper to the case, written out in form for the apothecary."

Nothing daunted, the rejected graduates of the colleges forthwith introduce themselves into practice all over the land, without any other or better qualifications than those which these able and independent Boards of Examiners had declared to be insufficient for the Army and Navy. Nor can it be doubted that if civilians in every State of our Union were to protect themselves by an equally able and independent Boards of Examiners, whose endorsement should be made necessary for license to practice in the State, a similar rejection of a no small number of the graduates of the schools who become candidates would result.

Facts like these have created a wide-spread incredulity as to the system of examinations pursued in the colleges, being any reliable test of qualification to practice, and by consequence, the value of a degree has depreciated in public estimation. Hence it is a prevalent opinion among thinking men, both in and out of the profession, that these final examinations ought not to be made by the professors or teachers in any college; but by a certain number of disinterested and independent men, unconnected with any college or school. In urging this point, it is not meant in the least to impeach the integrity of the teachers, but in order that a salutary check may be imposed on the partialities and self-interest which are inseparable from the relations between teacher and pupil in any school.

The resistance which many of the colleges have evinced to this suggestion seems incomprehensible, and has no parallel among the teachers in any other department of learning. What would be thought of our Military Academy at West Point if the final examination of the cadets were to be privately made by the teachers alone, instead of the Board annually chosen by the President of the United States? Would such a secret ordeal have the confidence of the country? Regardless of all considerations of this kind, the final examinations in our medical colleges are made so loosely by the teachers in many instances, that they have come to be viewed as a mere formality, even by the candidates themselves. Not only has . the ceremony of the green-room been abolished, but the Faculty often has no meeting for the purpose. Each professor examines without the presence of his colleagues; often dispensing with any individual examination, and meeting any number of the candidates as a class, in the presence of each other. With rare exceptions, no witnesses

are present, and even the Censors of State Societies, sent to the college to ask the privilege of being present at the examinations, have been repulsed, and all censorship refused. Is it any marvel, then, that disaffection and distrust should have been felt in regard to the examinations under such circumstances? No other class of colleges, academies, or schools, which should combine to exclude all scrutiny into the qualifications of their pupils, by independent examiners, would be tolerated by the public; and hence all other teachers seek to have the qualification of their pupils tested in this way. Why, then, should medical teachers alone claim exemption from the auxiliary supervision of all but their own paid associates, and all of whom, in common with themselves, receive a liberal fee for every diploma which they issue?

We are not without the precedent in our own country of mixed boards of examiners to test the qualifications of candidates for a degree and authorize the granting of a diploma. This plan is adopted by the Dartmouth Medical College of New Hampshire, the Vermont Medical College at Woodstock, the Berkshire Medical Institute, Massachusetts, the Medical Institution of Yale College, New Haven, College of Physicians and Surgeons of New York, Albany Medical College, Medical Department of the University of Buffalo, New York Medical College. To what extent practice conforms with the grant of delegated authority to other persons than the professors of certain colleges, we are unable to speak with the requisite precision.

If we look to England, we find that neither the University College, nor the King's College in London, with each its own hospital, pretends to confer the degrees of bachelor and of doctor of medicine. Their students receive this honor from the London University, if they pass successful examinations from a board of examiners who are appointed for the purpose by the council of the University. Men, able and eminent each in his branch, but who are not professors in the colleges just named, are selected for this office. Candidates from any of the medical schools recognized by the University may present themselves for examination by the examiners of this institution, and, · if successful, receive its degree, either of bachelor or doctor, as the case may be. Of the qualifications of a candidate, and the kind of examination to which he is subjected, your Committee have spoken in another part of this report. The Royal College of Surgeons of England and the Apothecaries' Society have no schools and Faculties for teaching the different branches of medicine and surgery: but

they restrict themselves to examinations of candidates for license to practice surgery, and to be an apothecary and general practitioner, who shall have complied with the conditions laid down, viz., age, length of study, general attainments, certified attendance on designated lectures, and hospital practice during a recognized period. The candidates are free to attend such schools and hospitals, one or more of each, as they may prefer. In all these cases, then, the examining and the teaching bodies are entirely separate from each other. The College of Physicians of London confer not only an honorary diploma, but a license to practice medicine in the metropolis and adjoining districts. The qualifications which it demands of candidates are, as we have seen, of a high order.

Your Committee are convinced that an entirely different system from the one hitherto followed should be inaugurated in America. No student should be admitted into the office of a private preceptor, or any preparatory school, without passing an examination upon the primary and elementary branches of a preliminary education, and thus proving that he is fitted to enter upon the study of a liberal profession. Much less should any student be allowed to matriculate in a medical college until he is examined in the preliminary studies, and if deficient he should be sent back to school. So, also, periodical examinations at the opening and closing of each annual course of lectures should be insisted on before admission into any higher class.

Moreover, the final examination for the degree, if conducted by the teachers, should be in the presence of the whole Faculty, and also of other qualified professional men, appointed or invited for the purpose, and whose approval should be necessary for conferring the degree which is, by the Charter of every college, a license to practice.

Your Committee are fully aware that this whole subject is environed with difficulties, and that to any new plan of reform, the constant objection has been made that its details would be impracticable; and hence, under this plea, all the recommendations of this Association have failed to be carried out, and a wide-spread sentiment now prevails, that no uniform system of Medical Education can ever be attained which shall be adapted to the wants and circumstances of the whole country. But we are not able to discover any insurmountable difficulty; and we believe that all the objections heretofore made may be satisfactorily answered. That some wiser and better system than the one now in vogue will be introduced, and become uniform everywhere in American Medical Colleges, we believe to be as certain of attainment

as that this Association shall continue to hold its annual sessions, in which every portion of our common country is duly represented.

It is only a question of time, then, whether the reform be made at . once, or whether its consummation be delayed another and another year; for with the deficiencies of the present system, there is a growing dissatisfaction, and many of the leading minds in our profession, within and without the Colleges, and all over the land, have been impatiently looking to this body for the initiatory measures, nor will much longer delay be tolerated. Not that anything revolutionary could receive the countenance of such conservative men as are now ready to take the lead of this movement, but the necessity for early and thorough Reform is regarded as too important for longer postpone-They have waited year after year for the Colleges, and their representatives in this body, to carry into effect the wise and cautious counsels of the Association, which have been so often and so earnestly recommended in favor of the needed reforms. They waited even after one annual session had passed without any report on Medical Educa-A new committee was then selected; no one of the members of which was a professor, and several of them had loudly avowed themselves to be advocates of the proposed improvements. But even this special committee failed to realize general expectation, for the next year only elicited an acknowledgment that the absence of the representatives of the Colleges from their committee disabled them from performing the work expected of them, and they prayed that a Convention of College delegations be called to take action on the great subject; thus postponing the matter for still another year. This measure was adopted, but with small fruit, for it was found that many of the older Colleges of the country failed to be represented at all, and hence the Convention could take no action, other than to secure another year's delay, by appointing a new committee, of their own body, to confer with a joint committee from the Association, and impliedly, at least, promising a report at the present session.

To this session of 1860, therefore, the friends of reform have a right to look, either for some matured, practical and practicable scheme for definite action on the subject of medical education; or as the alternative, the indefinite postponement of the whole subject, and the utter defeat of their cherished hopes, from the quarter at least from which there was good cause for expecting relief.

But we forbear to enlarge on this inexhaustible subject, and it only remains to prove that our plea for preliminary education and

clinical teaching among the means of elevating the standard of the profession, is no "new thing under the sun," but had occupied the thoughts, and called forth the efforts of the medical press as long ago as 1812, and this when the journals were conducted by the professors in our medical colleges. In the columns of the American Medical and Philosophical Register, published nearly half a century since, Dr. John W. Francis, now a veteran in our ranks, but then a youthful advocate of improvement and reform, thus expresses himself, viz.:

"Nothing will so soon and so effectually accomplish our objects, as a proper system of medical education rigidly enforced. Every youth. previous to his having engaged in a course of medical studies, should be properly qualified by a suitable preliminary education in classical and mathematical learning; and after having passed through a prescribed course of study in the several departments of medicine, he should be examined by competent characters in all the essential parts of the profession. The only effectual way of affording our youth this kind of knowledge, which is the ultimate object of all their labors, is to impose upon them a proper attendance on the lectures of public teachers, on the clinical practice of our hospitals and public charities, establishments indispensable to our medical schools, and without which all efforts to instruct must prove abortive. And as the public deem it necessary that a series of years should be spent in order to handle the awl and the lapstone by the humblest artisan, let us require, at least, an equal portion of time to be devoted to study, to qualify an individual for the exercise of those duties on the proper performance of which the lives and happiness of his fellow-creatures depend."

Surely if such were the sentiments of our fathers, promulgated fortyeight years ago, when our science was but dawning, at least in America, we may be permitted to present to our brethren of this body the claims embodied in this Report, without being regarded either as innovators or revolutionists—than which nothing can be more foreign from the purpose or inclination of your Committee.

In concluding this Report, which has been extended beyond our own expectation, your Committee are desirous to be understood only as hopeful friends of improvement and reform, having no fastidious partiality for this or that form of innovation upon existing systems of Medical Education, either at home or abroad; but declare themselves ready to unite with their brethren of this body in such changes as may most effectually elevate our standard, and protect our time-honored profession from being overrun by unqualified men. In this

effort, therefore, they look for the sympathy and hearty co-operation of every member of this national organization.

The Committee respectfully offer for the consideration of the Association the following preamble and resolutions, which they beg may be regarded as a part of their Report:

Whereas, It is the deliberate judgment of the American Medical Association, that the time has fully come for the introduction of improvements into the present system of Medical Education, which shall elevate the existing standard of qualification for the Doctorate; and especially for securing and encouraging a higher degree of attainment in the science, and of skill in the art of medicine, than has been heretofore accessible to students in our country; and

Whereas, This body of American Physicians is regarded by our own fraternity everywhere as the acknowledged Head and Representative of the medical profession in the United States, and is, therefore, looked to for prescribing the terms and qualifications of those who are henceforth to be admitted and recognized into our fellowship as brethren and coequals in the profession: Therefore,

- 1. Resolved, That it be hereafter regarded as an indispensable prerequisite to enrollment as a student of medicine, in the office of any regular practitioner, that the party shall be at least seventeen years of age, of good moral character and habits, and that he shall have received a good English, classical and mathematical education, and be able to read and translate the Latin language, and have an elementary knowledge of the Greek; so far, at least, as to be able to trace the derivatives from it in the English language.
- 2. Resolved, That this same requisite be made indispensable, before matriculation in any regular medical college can be allowed; and that the Faculty of such college, and the preceptor of such candidate for enrollment, be required to ascertain such qualification by actual examination, and to certify thereto.
- 3. Resolved, That the term of study in the office of a regular practitioner, including attendance upon lectures, be and is hereby extended to four years, the last year to be mainly employed in receiving clinical instruction in medicine, surgery and midwifery.
- 4. Resolved, That three courses of lectures in a regularly incorporated college, or other body of lecturers recognized by this Association, be required of all candidates for the degree of Doctor of Medicine. Said candidates may be admitted to examination after three full years

of study on all the branches which they have been required to study, except clinical medicine as above.

- 5. Resolved, That the period of instruction in every college be extended through the full term of nine months in each year; and that this period be divided into two sessions, the first to be chiefly occupied in instruction in the elementary branches only, and the latter to be the practical and more complex branches. Those in attendance upon the former to constitute the Junior class, and those upon the latter the Senior. Not more than four lectures to be delivered on each day in either of the departments, and each lecture to be preceded by a recapitulation in the form of question and answer of the lecture of the day before.
- 6. Resolved, That the number of professors in each college should be increased, so as to bear some proportion to the largely increased number of branches, a knowledge of which is necessary. This increase to be made in addition to those holding clinical chairs.*
- 7. Resolved, That the examination of all the students for matriculation which admits them into the junior class, shall be repeated before their entrance into the senior class, either by the Faculty, or by examiners appointed by them for the purpose, who shall certify in the one case to the fullness of their preliminary education, and in the other to their improvement under courses of instruction in the junior or elementary department. Admission to the senior class should be contingent upon this latter examination. Similar examinations should be required at the commencement of each session, as to the improvement made in the preceding term.
- 8. Resolved, That the final examination for graduation, if made by the Faculty, should be in the presence of each other, and should be witnessed and certified by a Board or Committee of equal numbers, to be appointed for the purpose by each State Society within whose bounds any college may be located, or otherwise, when no State Society exists, and without whose approval the degree should not be conferred. Due notice to be given by the Faculty of the time and place for the examination, and each candidate to be separately examined.
  - 9. Resolved, That no Medical College be recognized by the American

^{*[}The N. O. School of Medicine has laudably increased its Faculty to nine, two of whom are clinical teachers; an example of progress in the right direction.]

Medical Association, to be complete in its organization, and prepared to furnish the requisite instruction, which does not either possess a hospital of its own, or which has not made arrangements with a hospital containing not less than eighty beds for the students of the college receiving regular clinical instruction before being licensed to practice.

- 10. Resolved, That the so-called "College Clinics" cannot, in any useful and practical sense, be looked on as furnishing an adequate substitute for the clinical teaching required.
- 1 1. Resolved, That this Association regards with marked disapproval practice which prevails with some of the Faculties of the Schools, viz., of examining their students who are candidates for a degree before the expiration of the regular session, and while the lectures are still in progress.
- 12. Resolved, That the titles of the several chairs in a school, as announced in its curriculum, ought to indicate a real teaching of the branches thus virtually promised to be taught; and not be assumed merely in conformity with former usage, or to gratify the temporary whim of a professor, to have an appendage to the title of his chair, which in the very next year he may abandon, and consent to its being appended to some other chair, or to its being omitted entirely in the next annual announcement. We may instance this attaching of Physiology to Anatomy, the latter being the substantive branch, and of itself taking up the whole time of the Professor during the entire session, which is still too short for his legitimate purposes. Still more common and misleading is the appendage of diseases of women and children to Midwifery, and that of medical jurisprudence, at one time to Materia Medica, at another to Midwifery, at a third to Chemistry.

All of which is respectfully submitted.

D. MEREDITH REESE, of N. Y., Chairman.
John Bell, of Penn.,
W. K. Bowling, of Tenn.,
Z. Pitcher, of Mich.,
Charles Fishbach, of Indiana,
Committee on Medical Education.

#### AMERICAN MEDICAL ASSOCIATION.

[The following details of the proceedings at New Haven reach us through the *Boston Medical and Surgical Journal*, and are here inserted.]

Several resolutions were presented for consideration, by a Committee appointed last year to confer with a similar Committee of the Teachers' Convention, and were adopted. The purport of these resolutions was to the effect, 1st, that the Association recommend that every candidate for the degree of Doctor in Medicine shall present certificates of having studied medicine for three full years under the direction of a reglar practitioner of medicine, recognized as such by the American Medical Association, who shall certify to the same under his own hand; and of two full courses of Medical Lectures, in a Medical School, recognized as regularly organized by the Association, these two courses not to be attended in the same year.

2d, that the Colleges keep a register of their students, in which shall be entered their name, age, period of commencing medical studies, and diploma, if such have been received, with the name of the college conferring it, and the name of the preceptor.

3d, that the Professors of Colleges be requested to recommend to the Trustees or Regents of such institutions to allow the presence of two or three delegates from the Medical Society of the State in which the College is established, at all examinations for the degree of Doctor of Medicine, and to have a voice in the decision as to the fitness of the candidates for such degree.

4th, that Colleges be recommended to require certificates of preliminary education in conformity with the standards set forth by the Medical Society of the State where the College is located, or by the American Medical Association.

5th, that every candidate for the degree of Doctor in Medicine be required to have attended Hospital Clinical Instruction regularly for a period of not less than four months.

6th, that the propriety is recognized of the endowment of Medical Colleges and of their Professorships.

7th, that Medical Colleges are regarded as regularly organized that have been represented in this Association, and have complied with the standard set forth by it.

The above is, in brief, what was contained in the resolutions adopted, and it will be seen from their tone that the Association is beginning to move in the right direction towards insuring a more thorough

medical education, by placing our medical schools on a more permanent and substantial basis; and by recommending such a course of instruction, and such strictness of examination for the Doctor's Degree, as shall more certainly aid in the attainment of this object.

The President, Dr. Ives, on taking the chair, made a very short address, of which the following is nearly a verbatim report:

"All he had, all he was, he owed to his profession. He loved it. He had two sons in the profession, also a grandson; and he, like a very distinguished physician of the present century, could say he would visit the sick as long as he could go; and, when he was unable, he would be carried to the bedside."

He was followed by the first Vice President, Dr. Wilson Jewell.

A Committee on Voluntary Communications was then appointed, viz.: Drs. E. D. Force of Kentucky, T. W. Blatchford of New York, N. S. Davis of Illinois, R. LaRoche of Pennsylvania, Rochester of New York.

At his own request, Dr. LaRoche was excused from serving on this committee.

Dr. Ruschenberger, of Pennsylvania, was appointed in his stead.

The report of the Treasurer was then called for, read and adopted, and referred to the Committee on Publication.

The Committee on Publication then reported. Report accepted.

### SECOND DAY -WEDNESDAY.

The Convention was called to order by the 1st Vice President, Dr. Wilson Jewell, of Pennsylvania.

The President announced that the subscription list for the publications of the Sydenham Society was on the Secretary's table.

An opportunity was now given for delegates to name physicians from States not represented, and from the Army and Navy, as members by invitation.

Dr. Gardiner moved that the rules of order be suspended for Dr. Logan, of Georgia, to tender his resignation as Vice-President. Resignation accepted.

Committee on Education reported—Dr. Reese, Chairman. He particularly dwelt on the necessities in preliminary education—Practical Anatomy, Pathology and Clinical Medicine. He ably supported his arguments in favor of lengthened terms of study, with a less number of lectures per day—four being the maximum.

Dr. Brodie moved that the Report and Resolutions connected with

it be received and referred to the Committee on Publication. Received.

On motion, the report was received. The Association then resolved itself into a Committee of the Whole, and proceeded to the discussion of the Resolutions. Dr. McDowell made a witty and sarcastic speech concerning the first resolution, creating considerable merriment among the members and in the galleries, and eliciting frequent applause.

A motion was then made that the Committee rise, which was carried.

The Committee on Nominations reported that the Convention will meet at Chicago on the 1st Tuesday in June, 1861. Amendment offered that it be changed to the 1st Tuesday in May.

Dr. Davis, of Ill., spoke for the Illinois delegation, urging June as the proper month—furthermore, he welcomed the Convention to the hospitalities of the citizens of Chicago.

Motion was made to change the time to the 2d Tuesday of June; unconstitutional.

The whole list of officers was not reported yesterday. The Committee on Nominations here concluded their report, as follows:

In place of 3d Vice President, Dr. Logan, of Georgia, resigned, Dr. R. D. Arnold, of Georgia.

Secretaries-S. G. Hubbard, Ct.; H. A. Johnson, Illinois.

Committee of Arrangements—N. S. Davis, G. W. Freer, De Laskie Miller, E. Andrews, H. W. Jones, Thomas Bevan, J. Bloodgood, all of Illinois.

Prize Essays—Daniel Brainard, Ill.; D. L. McGugin, Iowa; M. L. Seaton, Mo.; John Evans, Ill.; A. S. McArthur, Ill.

Committee on Publication—S. G. Smith, Penn.; Caspar Wistar, Penn.; S. G. Hubbard, Conn.; R. I. Breckenridge, Ky.; Ed. Hartshorne, Penn.; H. F. Askew, Del.

Report of Committee on Prize Essays was called for—Prof. Worthington Hooker, of Conn., Chairman. Three Essays had been handed in—two of which had considerable merit, and showed much research. The Committee had concluded not to award any prizes this year. Report accepted.

Moved a suspension of the rules, to give Dr. Wilbur, of N. Y., an opportunity to report the protest of Dr. Ignatius Langer, of Iowa, against the action of the Committee of Arrangements in not accepting his credentials as a delegate. The President stated he held in his

hand a letter stating that Dr. Langer had been expelled from the Scott County Medical Society of Iowa, and therefore the rules of the Society would not permit his acceptance as a delegate here.

Motion to suspend lost, almost unanimously.

Reports of Special Committees were then called for, and disposed of as follows:

Morbus Coxarius and Surgical Pathology of Articular Inflammation—Lewis A. Sayre, N. Y.; referred to the section on Surgery.

Surgical Treatment of Strictures of the Urethra—James Bryan, Penn., reported progress and asked for longer time; referred to its proper section.

Drainage and Sewerage of Large Citics, their Influence on Public Health—A. J. Semmes, Cornelius Boyle, G. M. Dove, D. C.; reported progress and asked for longer time.

Puerperal Tetanus; its Statistics, Pathology and Treatment—D. L. McGugin, Iowa; report the same as above.

Hospital Epidemics-R. K. Smith, Penn.; laid over.

Puerperal Fever-S. N. Green, Indiana; do.

Anæmia and Chlorosis—H. P. Ayres, Indiana; reported progress and asked to continue the Committee to report next year.

Veratrum Viride-J. B. McCaw, Virginia; laid over.

Alcohol; its Therapeutical Effects—J. W. Dunbar, Md.; asked for a change in its title, making it read, "Alcohol in its relations to man,"—granted. Report next year.

Meteorology-J. G. Westmoreland, Georgia; laid over.

Milk Sickness—Robert Thompson, Ohio; partial report made—accepted and referred to section of Practical Medicine.

Manifestations of Disease of Nervous Centres-C. B. Chapman, Wisconsin; laid over.

Microscopic Observations on Cancer Cells—George N. Norris, Ala. Chairman asked to resign; Committee discharged.

Philosophy of Practical Medicine—James Graham, Ohio; laid over. On some of the Peculiarities of the North Pacific and their Relations to Climate—William H. Doughty, Georgia; absent.

On the Microscope—John C. Dalton, Jr, N. Y., David Hutchinson, Ind., A. Y. Stout, Cal., Calvin Ellis, Mass., Christopher Johnston, Md.; report next year.

Dr. Dalton, Chairman of this Committee, tendered his resignation by letter; accepted, and the Committee discharged.

Diseases and Mortality of Boarding Schools—C. P. Mattingly, Ky.,

Dixi Crosby, N. H.—reported progress; referred to its proper section.

On various Surgical Operations for Relief of Defective Vision—M. A. Pallen, Mo., T. J. Cogley, Ind., W. Hunt, Penn.; laid over.

On the Blood Corpuscle—W. Sager, Michigan; referred to proper section, with additional time.

American Medical Necrology—C. C. Cox, Md. Report was ordered to be read before the Convention, Thursday; amended to have Dr. Cox retained as Chairman and report next year.

Effects of the Virus of the Rattlesnake, when introduced into the System of Mammalia—A. S. Payne, Va.; reported progress and was discharged.

Constitutional Origin of Local Diseases, and the Local Origin of Constitutional Diseases—W. H. McKee, N. C.; C. F. Heywood, N. Y.; laid over.

Subcutaneous Injections as Remedials—I. Langer, Iowa; not allowed to report, not being an accepted delegate.

Quarantine—D. D. Clark, Pa.; E. M. Snow, R. I.; W. Jewell, Pa.; E. D. Fenner, La.; I. W. Houck, Md.; asked to be continued. Agreed to.

Medical Ethics—B. F. Schenck, Pa., Chairman. Resigned, and asked that Dr. Paul F. Eve, of Tenn., be substituted; agreed to. Report next year.

Tracheotomy in Membranous Croup—A. V. Dougherty, N. J. Partial report; this was accepted, and referred to the Surgical Section. Further time allowed to make out the report.

Effect of Perineal Operations for Urinary Calculi upon Procreation in the male; J.S. White, Tenn. Letter from Dr. White read; laid over.

Mercurial Fumigation in Syphilis—D. W. Yandell, Ky.; laid over. Cause and Increase of Crime—W. C. Snead, Ky.; asked to be con-

tinued. Agreed to.

Education of Imbecile and Idiotic Children—H. P. Ayers, Indiana.

Education of Imbecile and Idiotic Children—H. P. Ayers, Indiana. Report offered; referred to the proper Section.

Report of Committee on Medical Literature, referred to Committee on Publication; accepted without reading.

Pons Varolii—Partial report. The Committee wished to be continued; agreed to. Referred to the Section on Anatomy.

AFTERNOON SESSION.

The Convention was called to order by the Chairman at 3 o'clock.

According to the resolution carried the day previous, the Convention adjourned to the various Sections, as follows:

Anatomy and Physiology-President Woolsey's Lecture Room.

Chemistry and Materia Medica-Chemical Laboratory.

Practical Medicine and Obstetrics-Geological Cabinet.

Snrgery-Geological Cabinet.

Meteorology-Chemical Laboratory.

# THIRD DAY-THURSDAY.

The Convention was called to order at 9 o'clock—the President, Eli Ives, M.D., of Conn., in the chair.

A list of recent registrations was read. There are now registered between 550 and 600 delegates.

Dr. Charles Hooker spoke of the number registered, and that, for some reason unknown, many delegates did not register themselves at all, as well as many permanent members—and that many registered themselves without singing the Constitution.

Dr. Shattuck moved a suspension of the rules for the purpose of introducing two resolutions; carried.

Dr. Bowditch reported the following resolutions on the Hunter memorial to be erected in Westminster Abbey; accepted.

Resolved, That it be recommended to the different States to collect subscriptions, of not more than one dollar each, from every regularly educated physician. All moneys so collected to be forwarded by the Chairman of the Committee here, by appointment, to the Treasurer of the Hunter memorial in London.

Resolved, That Drs. Henry I. Bowditch, of Mass.; Amos Nourse, of Maine; G. B. Twitchell, of N. H.; C. Clark, of Vermont; G. L. Collins, of R. I.; Chas. Hooker of Conn., and many others, be a committee to collect subscriptions.

Resolutions adopted as a whole.

Moved that a copy of these resolutions be sent to all regular Medical Colleges in the country; carried.

Report of the committee appointed to confer with the American Medical Teachers' Convention. The resolutions were discussed at some length by Drs. Flint of N.Y., Shattuck of Mass., McDowell of Mo., Atlee of Penn., Brodie of Mich., Palmer of Mich., and Morse of Maine.

The whole report was adopted and referred to Com. of Publication. Committee on Nominations reported—

Committee on Medical Literature:

Frank H. Hamilton, New York; Edward Warren, Md.; Charles A. Lee, New York; W. C. Ely, R. I.; E. H. Clarke, Mass.

Committee on Medical Education-

L. S. Sayres, Va.; C. C. Cox, Md.; I. C. Bradbury, Me.; L. H. Steiner, Md.; M. A. Pallen, Missouri.

Surgical Treatment of Stricture of the Urethra—James Bryan, Pa. Drainage and Sewerage of Large Cities—A. I. Semmes, La.; C. Boyle, Ga.; W. C. Dove, District of Columbia.

Puerperal Tetanus: Statistics, Pathology and Treatment—D. L. McGugin, Iowa.

Anæmia and Chlorosis-H. P. Ayer, Ind.

Alcohol and its Relations to Man-I. W. Dunbar, Md.

Milk Sickness-Robert Thompson, Ohio; S. M. Bemiss, Ky.

On the Effect of Perincal Operations for Urinary Calculi upon Procreation in the Male—I. S. White, Tenn.; J. B. McCaw, Va.; R. C. Foster, Tenn.

Mercurial Fumigations in Syphilis-I. W. Yandell, Ky.

Cause and Increase of Crime-W. C. Snead.

Resolution made and accepted that a seal of this Society be given to every Medical College in good standing, and withdraw it upon evidence.

### AFTERNOON SESSION.

The Association was called to order by the First Vice-President.

The President requested the Committee on the Hunter Memorial to retire for private business.

Report of Committee on Medical Topography and Epidemic Diseases referred to the Committee on Publication.

Committee on Hospital Epidemics discharged.

Committee on Puerperal Fevers discharged.

Committee on Veratrum Viride discharged.

Committee on Improvements in Surgery referred to the Section on Surgery.

Committee on Inebriate Asylums referred to Committee on Publication.

The President called for a report of each of the Sections.

1st. Anatomy and Physiology; referred to Committee on Publication.

2d. Practical Medicine and Obstetrics; no report.

3d. Section on Surgery; report adopted.

4th. Meteorology; report adopted and referred to the Committee on Publication.

Resolutions from the Essex County Medical Society of New Jersey were offered and adopted.

Moved that a Special Committee be appointed to confer with the different Legislatures on this subject.

Motion made and carried that Dr. Cox be continued on the Committee on Necrology.

Report of the Committee on Tracheotomy was read; adopted. Referred back to Committee to continue and report next year.

A communication from the Judiciary Committee of the Connecticut Legislature was read, asking that a committee be appointed to report a bill upon the subject of Criminal Abortion, for action at the next session; carried.

The Chair will appoint a committee in due time.

Moved that the American Medical Teachers' Convention be perpetuated in connection with the American Medical Convention, and delegates appointed to meet from each Medical School, the day before the American Medical Convention, at the same place.

Amended to "meet regularly," instead of being perpetuated; carried.

Moved that the Committee of last year on this subject be continued.

Moved by Dr. Atlee that the Hunterian Committee be empowered to fill all vacancies in it; carried.

Communication from Elmira, N. Y., read. Referred to Surgical Section.

Moved and carried, that a vote of thanks be offered to Dr. Bemiss for his efficient services as Secretary. Amended by substituting "Retiring Officers."

Resolution offered of thanks from this Association to the Faculty of Yale College, and to the citizens of New Haven, for their elegant hospitalities and kindness during its stay here; carried unanimously.

Dr. Hooker spoke to the Convention in regard to commutation tickets.

Moved that the Convention go into Committee of the Whole; carried. Dr. Askew in the Chair.

A discussion was called up in regard to the Resolutions of Committee on Education, Dr. Reese, Chairman.

Dr. Gardiner moved the Committee rise, report progress, and refer the resolutions entire to the Committee on Publication.

Dr. Hamilton, of Brooklyn, offered a resolution for a bill for the establishment of a College of Physicians and Surgeons of American

Medical Association. Discussed by Drs. Hamilton, Gardiner and others. Resolution withdrawn.

Dr. Dixi Crosby addressed the Convention as to its general action. Motion made that the Convention adjourn sine die. Carried.

#### ERECTILE TUMORS.

Dr. Brainard, of Chicago, has an elaborate paper in his last journal on this subject, concluding as follows:

The relative merits of the different methods of treating erectile tumors, may be summed up as follows:

- I. Excision should be performed in every case where the size and situation of the tumor will admit of its being performed. This is almost as much a rule in these cases as in cancer. The exceptions are the slight cases which may be trusted without treatment until they increase in size.
- II. When excision would cause too great a loss of substance, danger from hæmorrhage, or when, from any cause, excision is objected to, strangulation is to be preferred next in order, and whether effected with ligature alone, or with needles, or other means, it should always, if possible, embrace the whole diseased structure.
- III. In limited superficial naevi and erectile tumors, particularly if placed over bony surfaces, compression will often diminish, if not cure, the disease.
- IV. In deep-seated tumors, particularly aneurisms by anastomosis, cauterization with the hot needles is an extremely efficient remedy, either by itself or in connection with other means.
- V. Setons or metallic needles may be used in the venous forms of the disease. They are more effectual when placed, to some extent, in sound tissue.
- VI. Ligature of the principal artery leading to the part, is adapted to the variety called aneurism by anastomosis, the accidental thrilling variety, and particularly to that variety situated in the orbit of the eye. I believe, however, that it is more dangerous and less necessary than is generally supposed.
- VII. Vesicants, escharotics, and caustics are adapted to complete a cure, when a small portion of tissue remains after excision, strangulation, or seton. They are uncertain and little to be relied on.
- VIII. A combination of several of these methods of treatment will often be found advisable.

#### HYPNOTISM.

[Translated from the Gazette Hebdomadaire for the American Journal of Dental Science.]

Hoc Gallicæ consurtudinis— Rumoribus aque auditiionibus permoti, Summis sæpe rebus consilia ineunt.

Cæsar's Com. lib. 4.

An enthusiasm, amounting almost to ecstasy, has been recently produced in the scientific world of Paris, by the supposed discovery of a new method of effecting anæsthesia. This novel method, which bears the appellation of hypnotism, is made to consist in a species of extemporaneous strabismus, caused by conveying the axis of the eyes to a point a few inches from the root of the nose. In this operation, certain muscles, the recti superioris, and the levatores palpebrarum, are in a state of forced contraction, and the continuance of this action, during a period varying from three to fifteen minutes, superinduces a state of the sensorium, identical with catalepsy, or at least analogous to it, called a hypnotic state. The extracts which follow, translated from recent copies of the Gazette Hebdomadaire, will give some intimations of the discovery, introduction, reception, and success of this marvelous agent, now monopolizing the attention of that metropolis of science and civilization, Paris.

A young provincial surgeon, Dr. Azam, adjunct professor in a school at Bordeaux, brought to Paris this singular method, the fruit of prolonged studies and numerous experiments, patiently instituted, during Eighteen months since, he had occasion to attend a a long period. young hysterical patient in spontaneous catalepsy. He observed in her exceedingly curious facts, which it does not come within our province to relate here. A professor in the Academy of Sciences, Dr. Bazin, being instructed by his experiments, advised Dr. Azam to examine an English work, published in 1842, by M. Braid, and in which is found indicated a means of producing artificial catalepsy and anæs-Dr. Azam, having procured the work, of which there is given an analysis by Carpenter, in the Cyclopædia of Todd & Bowman, (article Sleep,) he instituted upon this young cataleptic, and nearly thirty others, numerous experiments. He ascertained the greater part of Braid's assertions to be substantially correct; among others, that catalepsy and anæsthesia could be procured at will, by proceeding in the following manner:

The subject is sitting or lying in a convenient position, the operator puts before his eyes, at some three inches distance, and generally with-

in the point of distinct vision, a bright body, on which the eyes are to be directed, and fixed continuously; the body should be so placed, that the eyes are directed upward and inward, by the firm contraction of the proper muscles, causing convergent strabismus. Hardly has this fatiguing attitude been preserved for two or three minutes, till we see the pupils contract, and then dilate, the palpebra oscillate rapidly, and then fall down, and immediately the subject is asleep. Two symptoms attend this state: catalepsy precisely as described in the class-books, and anæsthesia, enduring from three to fifteen minutes, complete or in. complete, but which generally permits pinching, pricking, and tickling, without the least trace of sensibility, or without modifying in the least This state of anæsthesia is usually succeeded by the cataleptic state. the opposite state of hyperæsthesia, in which we see the ordinary senses, the sensation of temperature and of muscular activity, attains a degree of more than usual impressibility; at any moment of the experiment, the symptoms can be made to suddenly cease, by frictions and sufflations of cold air on the eyelids, in a similar manner to what has been seen in the researches of Dr. Paul, on catalepsy. The subjects, returned to their normal state, preserve no remembrance of what has passed during the preceding moments.

The gentlemen engaged with this subject specially, Drs. Azam, Broca, Fallen, and Velpeau, merit at least an examination, and they should not be assailed, under what pretext soever, with incredulity, or even It has been a long time a reproach to the learned, obstinate doubt. their proud disdain for the extraordinary. We are in an epoch, in which all that is announced under a serious mien, and proceeds scientifically, merits examination; we live in a time, in short, when it would be unreasonable to turn away the eyes, merely because what is shown us is simply improbable and marvelous. Furthermore, the better way, and indeed the only, to judge anything, consists in at first looking it in the face, and this is what has been done by the grave men we have cited; this is what we have undertaken to do ourself. We will merely add, that Dr. Azam has arrived in Paris, fully persuaded that surgery was in possession of a new anæsthetic. The reader may judge from the following of the value of this impression.

We hasten to lay before our readers a case by an ancient colleague, a distinguished provincial surgeon, Dr. Grurineau, adjunct professor in the secondary school at Poictiers. In the case that follows, we have not to do with an impressible woman, hysterical, and predisposed, by a nervous fantastic system, to ecstatic manifestations, more or less po-

etic and marvelous. The subject was a peasant, a little nervous, lym. phatic, exhausted, and anything but a stoic.

Case.—George Jarry, aged thirty-four years, from the village of Mortimer, had been treated for several months in a hospital for a white swelling of the left knee. So painful was this knee, that the least motion caused the patient to cry out. He had given his consent that the leg should be amputated at the thigh.

I operated in the presence of several distinguished surgeons. One of them held a spatula within about three inches of the root of the nose of the patient, whilst lying in a horizontal position. Strabismus, convergent upward, was promptly produced.

Five minutes had clapsed since his eyes had been fixed upon the spatula; I raised the left arm up, and let it go; immediately it fell. Then there was no catalepsy. The patient said we would not be able to put him to sleep by this process.

I immediately recommended the greatest silence in the apartment. where numerous parties had begun conversations; I spoke no further to the patient, who eyed the spatula with perseverance. minutes of the most profound silence I performed amputation of the inferior part of the thigh, by the double-flap operation. During this operation, which lasted a minute and a half, the patient did not make the least plaint or motion; I now spoke to him, and inquired how he He said in answer, he thought himself in paradise, and seizing my hand, carried it to his lips. During the operation his eyes were affected by a twitching movement. They had the appearance of searching for the spatula. A student, pinching his thigh a couple of minutes before the operation, asked if it gave pain. "O, I feel it a little," said After the operation, Jarry said "he knew the time the leg was cut off, for at that period they asked him if he had any pain." Now it was two minutes after this interrogation that the operation commenced, and during all the time of this, his visage offered not the least spasm or contraction. All this time the eyes of Jarry seemed to search for the spatula.

It was quite evident to the assistants that the patient did not experience pain, as he did not make the least plaint, whilst previously he cried out on the least motion of the affected limb.

Another Medical College has been founded at Griffin, Geo., being the fifth in that State.

# Notes on Nursing. What it is, and What it is not.

### By FLORENCE NIGHTINGALE.

Continued from June No.

Concerning the danger of "amateur physicking" by ladies, she has much to say, and that much is sound, and deserves to be widely circulated. For instance:

"I have known many ladies who, having once obtained a 'blue pill' prescription from a physician, gave and took it as a common aperient two or three times a week—with what effect may be supposed. In one case I happened to be the person to inform the physician of it, who substituted for the prescription a comparatively harmless aperient pill. The lady came to me and complained that it 'did not suit her half so well.'

"If women will take or give physic, by far the safest plan is to send for 'the doctor' every time—for I have known ladies who both gave and took physic, who would not take the pains to learn the names of the commonest medicines, and confounded, e. g., colocynth with colchicum. This is playing with sharp-edged tools 'with a vengeance.'

"There are excellent women who will write to London to their physician that there is much sickness in their neighborhood in the country, and ask for some prescription from him, which they used to like themselves, and then give it to all their friends and to all their poorer neighbors who will take it. Now, instead of giving medicine, of which you cannot possibly know the exact and proper application, nor all its consequences, would it not be better if you were to persuade and help your poorer neighbors to remove the dung-hill from before the door, to put in a window which opens, or an Arnott's ventilator, or to cleanse and limewash the cottages? Of these things the benefits are sure. The benefits of the inexperienced administration of medicines are by no means so sure.

"Homeopathy has introduced one essential amelioration in the practice of physic by amateur females; for its rules are excellent, its physicking comparatively harmless—the 'globule' is the one grain of folly which appears to be necessary to make any good thing acceptable. Let then women, if they will give medicine, give homeopathic medicine. It won't do any harm.

"An almost universal error among women is the supposition that everybody must have the bowels opened once in every twenty-four

hours, or must fly immediately to aperients. The reverse is the conclusion of experience.

"This is a doctor's subject, and I will not enter more into it; but will simply repeat, do not go on taking or giving to your children your abominable 'courses of aperients,' without calling in the doctor.

"It is very seldom indeed that, by choosing your diet, you cannot regulate your own bowels; and every woman may watch herself to know what kind of diet will do this; I have known deficiency of meat produce constipation, quite as often as deficiency of vegetables; baker's bread much oftener than either. Home-made brown bread will oftener cure it than anything else."

"It seems a commonly received idea among men, and even among women themselves, that it requires nothing but a disappointment in love, the want of an object, a general disgust, or incapacity for other things, to turn a woman into a good nurse.

"This reminds one of the parish where a stupid old man was set to be schoolmaster because he was 'past keeping the pigs.'

"Apply the above receipt for a good nurse to make a good servant.

And the receipt will be found to fail."

The different subjects on which the "Hints" are bestowed serve to illustrate the scope of the work. Thus we have hints on ventilation and warming, on the health of houses, on noise, on variety, taking food, what food, bed and bedding, light, cleanliness, chattering, and observation. The articles on cleanliness, on dusting, removal of nauseous matters, and so forth, is worth the price of the book ten times over. We can hardly part from this book, it has charms and fascinations so peculiarly its own; but before doing so we must make a few short extracts, which we may call aphorisms. We have selected them without order from the leaves of the book, and they will in themselves show its nature, as well as instruct some who do not possess it:

Pure Air.—"To have the air within as pure as the air without, it is not necessary, as often appears to be thought, to make it as cold."

Hot Air.—"To attempt to keep a ward warm at the expense of making the sick repeatedly breathe their own hot, humid, putrescing atmosphere, is a certain way to delay recovery or to destroy life."

Not there.—"If you look into the reports of trials or accidents, and especially of suicides, or into the medical history of fatal cases, it is almost incredible how often the whole thing turns upon something which has happened because 'he,' or still oftener 'she,' 'was

not there.' But it is still more incredible how often, how almost always this is accepted as a sufficient reason, a justification; why, the very fact of the thing having happened is the proof of its not being a justification. The person in charge was quite right not to be 'there;' he was called away for quite sufficient reason, or he was away for a daily recurring and unavoidable cause; yet no provision was made to supply his absence. The fault was not in his 'being away,' but in there being no management to supplement his 'being away.' When the sun is under a total eclipse, or during his nightly absence, we light candles. But it would seem as if it did not occur to us that we must also supplement the person in charge of sick or of children, whether under an occasional eclipse or during a regular absence."

Noise.—"Unnecessary noise, or noise that creates an expectation in the mind, is that which hurts a patient. It is rarely the loudness of the noise, the effect upon the organ of the ear itself, which appears to affect the sick. How well a patient will generally bear, e. g., the putting up of a scaffolding near the house, when he cannot bear the talking, still less the whispering, especially if it be of a familiar voice, outside his door."

Whispering.—" If it is a whispered conversation in the same room, then it is absolutely cruel; for it is impossible that the patient's attention should not be involuntarily strained to hear. Walking on tip-toe, doing anything in the room very slowly, are injurious, for exactly the same reasons. A firm, light, quick step, a steady, quick hand are the desiderata; not the slow, lingering, shuffling foot, the timid, uncertain touch. Slowness is not gentleness, though it is often mistaken for such: quickness, lightness, and gentleness are quite compatible."

Variety.—"Variety of form and brilliancy of color in the objects presented to patients are actual means of recovery."

Body and Mind—"Volumes are now written and spoken upon the effect of the mind upon the body. Much of it is true. But I wish a little more was thought of the effect of the body on the mind."

Feeding.—"One very minute caution—take care not to spill into your patient's saucer, in other words, take care that the outside bottom rim of his cup shall be quite dry and clean; if, every time he lifts his cup to his lips, he has to carry the saucer with it, or else to drop the liquid upon, and to soil his sheet, or his bed-gown or pillow, or if he is sitting up, his dress, you have

no idea what a difference this minute want of care on your part makes to his comfort, and even to his willingness for food."

Tea.—"A great deal too much against tea is said by wise people, and a great deal too much of tea is given to the sick by foolish people."

Coffee.—"Coffee is a better restorative than tea, but a greater impairer of the digestion."

Beds.—"A patient's bed should always be in the lightest spot in the room; and he should be able to see out of the window. I need scarcely say that the old four-post bed with curtains is utterly inadmissible, whether for sick or well. Hospital bedsteads are in many respects very much less objectionable than private ones."

Light .-- "It is the unqualified result of all my experience with the sick, that second only to their need of fresh air is their need of light; that, after a close room, what hurts them most is a dark room. And that it is not only light, but direct sun-light they want. I had rather have the power of carrying my patient about after the sun, according to the aspect of the rooms, if circumstances permit, than let him linger in a room when the sun is off. People think the effect is upon the spirits only. This is by no means the case. The sun is not only a painter, but a sculptor. You admit that he does the photograph. Without going into any scientific exposition, we must admit that light has quite as real and tangible effects upon the human body. But this is not all. Who has not observed the purifying effect of light, and especially of direct sunlight, upon the air of a room? Here is an observation within everybody's experience. Go into a room where the shutters are always closed, (in a sick-room or a bedroom there never should be shutters shut,) and though the room be uninhabited, though the air has never been polluted by the breathing of human beings, you will observe a close, musty smell of corrupt air; of air, i. e., unpurified by the effect of the sun's rays. The mustiness of dark rooms and corners. indeed, is proverbial. The cheerfulness of a room, the usefulness of light in treating disease, is all-important.

* * * "It is a curious thing to observe how almost all patients lie with their faces turned to the light, exactly as plants always make their way towards the light; a patient will even complain that it gives him pain 'lying on that side.' 'Then

why do you lie on that side?' He does not know—but we do. It is because it is the side towards the window. A fashionable physician has recently published in a government report that he always turns his patients' faces from the light. Yes, but Nature is stronger than fashionable physicians, and depend upon it she turns the faces back and towards such light as she can get. Walk through the wards of a hospital, remember the bedsides of private patients you have seen, and count how many sick you ever saw with their faces towards the wall."

News.—"A sick person does so enjoy hearing good news:—for instance, of a love and courtship, while in progress to a good ending. If you tell him only when the marriage takes place, he loses half the pleasure, which God knows he has little enough of; and ten to one but you have told him of some love-making with a bad ending."

Babies.—"There is no better society than babies and sick people for one another. Of course you must manage this so that neither shall suffer from it, which is perfectly possible. If you think the 'air of the sick-room' bad for the baby, why it is bad for the invalid too, and, therefore, you will of course correct it for both. It freshens up a sick person's whole mental atmosphere to see 'the baby.' And a very young child, if unspoiled, will generally adapt itself wonderfully to the ways of a sick person, if the time they spend together is not too long."

Information.—"I knew a very clever physician, of large dispensary and hospital practice, who invariably began his examination of each patient with 'Put your finger where you be bad.' That man would never waste his time with collecting inaccurate information from nurse or patient. Leading questions always collect inaccurate information."

Physiognomy.—"There is, unquestionably, a physiognomy of disease. Let the nurse learn it."

Observation.—"Yet it appears that scarcely any improvement in the faculty of observing is being made. Vast has been the increase of knowledge in pathology—that science which teaches us the final change produced by disease on the human frame—scarce any in observing the signs of the change while in progress. Or, rather, is it not to be feared that observation, as an essential part of medicine, has been declining?"

Air .- "I need hardly here repeat the warning against any

confusion of ideas between cold and fresh air. You may chill a patient fatally without giving him fresh air at all. And you can quite well, nay, much better, give him fresh air without chilling him. This is the test of a good nurse."

In conclusion, we earnestly advise the reading of, and attention to, this book, for the increase of sound sanitary learning in our land. Let every one "mark, learn, and inwardly digest" its contents.—Nashville Med. and Surg. Journ.

# INFALLIBLE PHYSIC.

Rubbers and shampooers have frequently risen to considerable notoriety, and then as suddenly disappeared. The motto adopted by the practitioners of Kinesipathy (as they have been called) has usually been to rub and pinch the body after a peculiar fashion, supposed to be known only to themselves, and in this way a universal remedy was promised for all diseases, medical and surgical. The rubbing system has always possessed the advantage of being an active method of cure, in contradistinction to the expectant plan, which quietly waits for recovery by the efforts of Nature, interfering only to remove hindrances out of her way, or to aid her powers when insuf-Most men and women, when they are ill, prefer a form of treatment which has the appearance of activity and exertion, to any method which necessitates their quietly waiting. Medical men are well acquainted with this peculiar mental constitution in the majority of patients, and know, from constant experience, that often when good nursing would do all that is required, medical treatment of some form must be adopted, simply to satisfy this craving for active help.

One of these Kinesipaths invented the amusing theory that "synovia" was the cause of all bodily ailments, and that the appropriate cure was his special kind of rubbing. Now, this "synovia," which is the harmless fluid lubricating the joints, and which consists of albumen, oil, and water, was supposed to take an erratic journey into some neighboring organ, where its presence was resented, and thus arose manifestations of disease. It is reported that a poor lady who had been stricken with dimness of vision, and who applied to this rubber for relief, was informed that the wicked synovia had taken up its quarters in the organ of vision, and must be driven out by skillful and oft-repeated rubbing. After submitting to this treatment for a prolonged period, without benefit, an intelligent oculist

was consulted, who, to the lady's astonishment, speedily restored her impaired sight by prescribing for dyspepsia. One ignorant Kinesipath was caught in the act of shampooing a poor man's back, who had returned from India much emaciated, with the avowed purpose of rubbing down the "knobs on his back;" the so-called "knobs" being the spines of the vertebra unusually prominent from general wasting.

The history was published some few years ago, in the Quarterly Review, of a young man who, having been brought up as a journeyman cooper, was instructed by his mother in the art of shampooing. He was wise enough to turn his accomplishment to account, and having made one or two reputed cures, they were noised abroad, and caused him to be talked of at every dinner-table. It was believed that he had made a prodigious discovery in the healing art-that shampooing, performed according to his method, was a remedy for all All forms of diseases were submitted to the same treatment; not alone patients with stiff joints or weakened limbs, which might have been benefited by the practice, but sufferers with diseases of the spine and hip-joint, of the lungs and liver; patients with the worst diseases, and patients with no diseases whatever. The greater the demand for the services of the practitioner, the larger became the fee necessary to insure his best attention; and it is supposed that, for one or two years at least, his receipts were as much as £6,000 annually. Matters went on thus for three or four years, when the delusion ceased about as suddenly as it had leaped into vigor, and the shampooer found himself deprived of his vocation.

Of the irregular practitioners who devote themselves to special departments of practice, the "bone-setters" have always been a numerous fraternity. One or more is usually to be found in every manufacturing town, but their vocation flourishes more particularly in the mining districts. The inhabitants of those localities practically express their conviction that "bone-setting" is an art quite beyond the usual qualifications of an educated surgeon. Attendance on lectures, and walking hospitals, may qualify a medical man for performing an amputation or curing a colic, but the art of mending broken limbs is not so learned, and a man whose ancestors have been bone-setters and blacksmiths, or bone-setters and curriers, for several generations, is far more to be depended upon.

Among the specialists, the so-called "cancer-curers" have, perhaps, of all others, been the most notorious. The formidable nature of can-

cer, its comparative frequency in both sexes, and the belief that it is incurable by known methods of treatment, have been among the reasons why this class of empirics should attract a large share of pub-Added to these is the natural dread of the surgeon's lic attention. knife, and the bold assertions of the pretender, that he possesses the secret, as yet unrevealed to the world, by which recovery may be effected painlessly and certainly without having recourse to the dreaded operation. On the part of the public, the love of novelty, the benevolent wish to further anything which promises so great a boon as the relief of pain or the saving of life, leads indirectly to the countenancing of the empiric, and to the furthering of his selfish ends. certain proportion of supposed cures are effected by the removal of benign tumors which ought never to have been mistaken for cancer, or by the destruction of the surface of a genuine cancer, and the temporary healing of the skin. Mr. Spencer Wells, in a little work on Cancer Cures and Cancer Curers, has shown that their remedies mainly consist of compounds of mercury, arsenic, or zinc, disguised by admixture with some other ingredients, and that the pain caused by these caustics is tenfold more severe and more protracted than the pain of excision by the knife. Not one of these pretenders whose secret has transpired, or who has had a fair trial under competent supervision, has contributed anything to the advantage of sufferers from cancer; not one has suggested anything new, while the mischief they have done has been incalculable. In the beginning of the last century a person named Plunkett practiced as a cancer curer in Lon-He had no knowledge of surgery in general, and of course must have been guided by intuition to his diagnosis. He prescribed from the traditionary directions of his namesake, formerly an empiric in Ireland, who left the receipt for his medicine, with directions for its use, to Steeven's Hospital. Plunkett's nostrum was a form of caustic which professed not only to destroy the tumor, but to penetrate like a separate intelligence into every direction where the marked tissue was deposited, and to uproot it utterly. The notion of cancer possessing roots, has probably arisen from the supposed resemblance it has to a crab holding its prey; though truly the existence of the so-called roots is an entire misapprehension. Plunkett's secret was purchased by Richard Grey, in 1754, and kept secret by him until a controversy took place about it, in which Gataker, one of the surgeons to the king, took an active part. Its owner then published the secret in Lloyd's Evening Post, for March 5th, 1760, as follows:

"Crow's-foot, which grows on low ground, one handful; dog-fenne three sprigs; the two to be well pounded; crude brimstone, three thimblefuls; white arsenic, the same quantity. All incorporated we in a mortar, then made into small balls the size of nutmegs, and driedd in the sun." It is curious to observe that this receipt is really a type of most of the nostrums which have been highly vaunted in recement times for the cure of the same disorder. Yet even Plunkett had claim to originality, for the exhaustive effect of arsenic, which w=_as the active ingredient in this nostrum, was well known to the Green and Roman physicians, and had been used for centuries in the Mr. Justamond, who was surgeon moval of cancerous diseases. to the Westminster Hospital at the time, gave a full and fair trial to Plunkett's and Grey's caustics, and came to the conclusion that t The advantages gained did not compensate for the risk incurrred. Bolingbroke was killed by a man who pretended to cure him of cancer in the face, and the remedy employed was Plunkett's paste. Sizzailar fatal results have followed the use of other quack nostrums us for the same purpose. Not long ago a German empiric agreed 🖜 come to this country from somewhere on the Rhine, to heal a lace, affected with cancer. The fee was to be three hundred guineas. The quack's first application was made on the Monday, and on Tuesday had destroyed the coats of a large artery, and the patient bled  $\bigcirc$ 0 In another case, a physician was called  $\bigcirc$  0 death in a few minutes. see a lady who was said to have fainted. On his arrival he found cancer curer in attendance, totally unconscious of the true position affairs; he had only just assured the husband, indeed, that the wi was going on well, and would soon be cured. The patient was dead

Within the last few weeks the most unscrupulous, perhaps, of a the cancer curers has been arraigned before the Tribunal of Correctional Pelice in France, and punished by imprisonment and fine. Anative of Surinam, named Vriès, assumed the name of the "Docteu Noir," and pretending that he had a diploma from the faculty a Leyden, established himself in Paris as a cancer curer and universal medical genius. He gave out that he had discovered in the tropical regions an infallible autidote, which he called the "quinquina of caucer," and also other specifics for divers diseases. Prospectuses were profusely distributed, announcing that the "black doctor" had received supernatural relations confirmatory of the value of his treatment, and numbers of poor sufferers were induced to apply. Immense sums were exacted previous to the treatment being commenced, and,

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however far the disease had progressed, the patients were invariably assured that cure was certain. An ample trial was afforded to the remedies in the Hospital La Charité, the treatment there being conducted by the black doctor himself, and after the most deliberate investigation, the scheme was pronounced on all hands a failure.

At his trial for swindling, it appeared that in 1834, he had left his country and had visited Holland, America, and England, to introduce foreign medicines. In England he had endeavored to set up a new religion, had preached against the idolatry of Rome, and had proclaimed that he feared neither the poniards of the Jesuits, nor the thunders of the Vatican. He stated that in London his system of medicine had not succeeded, because there, as in Paris, he had been unfairly treated, and the result was the loss of an enormous sum of money.

- "You came to Paris in 1853," said the president of the court.
  "What did you come for?"
- "To introduce foreign medicine, and to propose means of replacing steam in locomotives."
  - "You are, then, a universal genius!"
  - "Every physician is a chemist."
  - "Pray who made you a physician?"
  - "I myself, sir," answered the accused.
- "But you represented that you were a physician of the University of Leyden."
- "Hippocrates had no diploma; and if the Lord himself were to return to earth to cure men, the Faculty of Medicine would prosecute Him!"

It was proved by MM. Velpeau and Fauvel, surgeons to the Hôpital de la Charité, that seventeen persons afflicted with cancer were placed in his hands, and he undertook to cure them in six months; but at the end of two months seven were dead, and at the time of the trial, all were dead, except two, and those two dying!

No one objects to a man dosing himself in any way he pleases, provided he does not commit actual suicide. With some men, the taking of medicine seems a form of monomania. Bishop Berkeley drank a butt of tar-water; and a person named Samuel Jessop, who died at the age of sixty-five, in 1817, had such an inordinate craving for physic, that in twenty-one years he took no less than two hundred and twenty-six thousand nine hundred and thirty-four pills, besides forty thousand bottles of mixture; and, in the year 1814, when his

appetite increased, his consumption of pills was fifty-one thousand five hundred and ninety! Dr. David Hartley, before mentioned, not content with Joanna Stephen's specific, had during his life eaten the hundred pounds weight of soap, as a medicine.

Brandy and salt, Morrison's pills, Holloway's ointment, hydroperathy, and homeopathy, all have a place successively in the affection of those given to quackery, and it may safely be predicted that, one form of quackery embraced, the rest are pretty sure to follow. Prosessed with a constitutional mental obliquity, these persons ture a deaf ear to the teachings of experience, and are quite unable to precive that if a remedy was a cure-all once, its virtues ought not to be superseded by every new nostrum puffed abroad, and that if they have found one nostrum at length useless, the lesson thus learned should have the effect of warning them from other and new deceptions.—All the Year Round.

# COMMUNICATIONS.

To D. M. REESE, M.D.:

My Dear Doctor—The subjoined case has been one of great interest to me, and if, on perusing it, you think it worthy a place in your valuable Medical Gazette, please insert it.

On the 18th March last, I was called at one P. M. to visit the child of Mrs. C., who had an attack of croup, very early in the morning of the day on which I was summoned to visit it. It had been very judiciously treated by its grandfather, (who is a physician, and a graduate of Edinburgh, although he has not been in practice for many years,) by emetics of syrup of ipecac, mustard paste over the throat, &c. My little patient was eleven months old, and a fine healthy boy. His respiration was difficult and sometimes suffocative, laborious and interrupted. I immediately had applied four leeches, which bled very freely; and directed one grain of the sub. mur. hyd., every hour, to be rubbed on the tongue, and the unguent hyd. to anoint the joints of the groin, knee, axilla, and elbows. In a few hours there was a decided mitigation of the previous symptoms, and I had great hopes of my little patient.

On my next visit, at 8 P. M., he was not as well, and I found that effusion was still going on; the face was much flushed, and the circulation very irregular.

I now proposed the operation of tracheotomy to the doctor, but he,

and the father and mother of the child, were violently opposed to it. I could, then, do nothing more. I continued the treatment, placing the small powders upon the tongue, which now began to act on the bowels, and they were discontinued. During the intervals of coughing, its mouth was moistened with water. It was now 11 o'clock, P. M., and I concluded that my patient could survive but a short time. returned at 1 A. M., and the child was dying. Its parents had left the room, not being able to witness the dying struggles of their darling I again proposed to the doctor the operation of tracheotomy, as affording a chance, although a very slight one, for its relief. said I might do as I thought best. I immediately selected from my pocket-case a sharp-pointed strait bistoury, and desired him to get me - a tracheotomy tube, which I had had in my coat pocket all day; it was in the lower hall, and he took one of the two lamps from the room, which left me with a very feeble and dim light. The child had now a violent convulsion, and I thought it would be the last; I had no time for elaborate dissection; it was life or death. I immediately made tense the integuments over the trachea, and plunged the bistoury into it, just above the sternum, in the mesial line, and carried it up about one inch.

The doctor now entered the room; there was an instant rush of air, blood, and most tenacious mucus, through the wound, which continued for some seconds, and then my little patient was apparently dead. I instantly applied my lips over the wound, and inflated the lungs, making pressure on the chest and abdomen, and kept up artificial respiration for some time, without effect. I then rinsed my mouth with sp. vin. rect., and blew the fumes into the lungs. Soon a feeble inspiration took place, and soon another, and another, and my little boy patient was safe, (at all events, from the immediate effects of the oper-During all this time, previous to his breathing, there was no bleeding from the wound; the heart had stopped its beating, and there was no pulsation, but now it was perceptible, over the heart and at the wrists; my patient breathed for himself, mostly through the wound. Hæmorrhage came on, principally venous and mucous, and lymph escaped freely from the wound, and respiration was more frequent. now held the wound open with the forceps, and detached some portions of coagulable lymph, and inserted the tube, which produced considerable irritation and hard coughing, and an almost perfect cylinder of dense coagulable lymph was ejected from the mouth, nearly one inch in length. Now the breathing became more frequent and free.

I placed some small compresses under the rings of the tube, and retained them in place by tapes attached to the rings, and tied them at the back of the neck, which effectually arrested the bleeding. I did not apply a single ligature. The loss of blood did not exceed one ounce, if it did that; and not one drop more than I was willing it should lose. The tube was frequently cleared during the night with the feather end of a small quill, as the accumulation went on rapidly after its introduction.

In a short time, a little thin arrow-root was given to it, and by a little perseverance, it swallowed three tea-spoonfuls; it went to sleep very tranquilly; it was greatly exhausted, and slept for one hour; after it awoke, the mother gave it its most natural nourishment, and it went on improving, without an untoward symptom.

This operation should be the dernier resort with all surgeons, for there is great danger attending it. This case was one of such imminent and pressing necessity, that I had no time to avail myself of your valuable counsel, or the eminent aid of my distinguished friend, Dr. J. M. Carnochan.

I removed the tube on the eighth day, and at this time the child is perfectly well.

I have a case of all-absorbing interest in this family connection, the particulars of which I will give you after her accouchement.

Yours, very truly,

LAWRENCE PROUDFOOT, 55 East 12th St.

# EDITOR'S TABLE.

### Fourth Quarantine and Sanitary Convention.

This learned body has recently been in session at Boston. The newspapers report that Dr. Jacob Bigelow, of that city, was elected President, and that he complimented that body for having, in a previous meeting, "settled the question of the non-contagionsness of yellow fever." We had supposed that by the resolution, at Philadelphia, in 1857, maintaining the doctrine of personal contagion, and then by denying it utterly, in 1859, at New York, this Convention had left themselves, and this quastio vexata, somewhere off Point-no-Point; and we had hoped that in Boston they would decide by a tertium quid, or otherwise, between Philadelphia and New York.

It would be a curiosity to know how many of this body ever saw yellow fever; or would know it, if they did see it. Still, however, they undertake to decide this purely scientific question by vote! and this, too,

by the votes of men who know no more about yellow fever practically, than a horse knows about holy water, if they will pardon the irreverence. Dr. La Roche, of Philadelphia, who was at this Boston Convention, and whose writings are authority everywhere, must have been amused with the announcement of Dr. Bigelow, that the Convention had ever "settled" any question, or "proved" anything except their own gullibility, by the fable of fomites being the alternate of personal contagion.

We learn from Boston, that the Quarantine and Sanitary Convention have resolved that the "yellow fever is not infectious" So says the correspondent of the N. Y. Times. If it be neither contagious nor infectious, what becomes of the fomites, which are to be so rigidly excluded by the Quarantine officers? The body seems to have broken up in a row, on the dogma of "State Medicine," in which Gen. Mather, Dr. Griscom, Prosper M. Wetmore, and others of our New York savans, participated, in the style of the harmonious democracy. They try Cincinnati next year.

#### BELLEVUE HOSPITAL

We see by the public press that the new Commission, charged with the care of this concern, found, upon entering upon their work, that the facts touching its degeneracy and disgraceful condition, to which we have heretofore alluded, were even worse than they had been led to expect, and that immediate reform was demanded. They at once dismissed the rum-seller, whom the Ten Governors had made Warden of the Hospital, to get him out of their own Board; and the Commissioners have since appointed a young lawyer in his place, of whom we know nothing, except that to put such an one at the head of a remedial institution, is just as wise as it would be to place a doctor in the position of Supreme Court Judge.

All history and all experience have proved, that no Hospital can be safely conducted without a medical head. In the Blockley Hospital, at Philadelphia, the experiment of lay-wardens has been repeatedly tried and abandoned. In the Massachusetts General Hospital, at Boston, the government has again been placed in a Resident Physician, with the effect of radical improvement for the patients and for the city, which are highly appreciated So also in our own Emigrants' Hospital similar results have followed.

Hence we urged, in a former number, that our new Commissioners should signalize their administration by this radical measure of reform

at Bellevue. Let them look at the Report of Capt. C. H. Marshall to the Emigrant Commissioners, in favor of a resident medical head; and then let them compare the statistics of mortality at Ward's Island And we took the liberty to name Dr. Bruwith those at Bellevue. ninghausen, one of the late Governors, who strove to correct the abuses so rife there in vain, as a suitable person, by education and experience, to be placed in charge of Bellevue Hospital, which these Commissioners now know is the most filthy and worst managed Hospital in the country. The fault is in the system which fails to provide a medical head for a Hospital, reporting an average of nearly 1,000 patients; which is itself a monstrous exaggeration, as a medical census will show whenever taken. No mere secular warden, no new rules and regulations for the old medical dynasty, will avail to correct existing abuses. Nothing short of a competent medical head, to be responsible for the government, under the supervision of the Commissioners, can ever render that Hospital safe for the patients, or economical to the city. For it is proved that more drugs are used there, the last few years, than would suffice for the entire population of the city, and a corresponding mortality has resulted, notwithstanding this enormous expense.

#### HOSPITALS.

The mortality of St. Luke's Hospital, in this city, as set forth in its official report, so extraordinary and unprecedented in any similar establishment at home or abroad, was alluded to in our May number, solely for the sake of science and humanity. In thus performing our duty as a medical journalist, we have incurred the displeasure of certain parties, who, nevertheless, concede the facts, and yet withhold any defence or explanation. Should we publish the communications, which we suppressed, calling on us to notice the subject, instead of substituting, as we did, our own editorial offer of our columns for explanation, those complaining would have surmised hostility to the Hospital, which would have been unjust. The only defence which has reached us, if inserted, would be open to the suspicion of this motive, though professing the opposite.

We again recur to the subject to repeat, that if anyhody can account for the frightful mortality of 23 per cent. at St. Luke's, our columns are open to him or them. If the same ratio be continued, we do not hesitate to say, that no religious or denominational interest should protect the institution from being disbanded, and it is the duty of the public press to say so.

#### DR. HENRY SCHWEIG.

Who announces his private Hospital or Sanitary Home, on another page, as now open to patients, is known to us as a regular physician, and educated in the best schools of Europe, including clinical opportunities in the Parisian Hospitals. We have visited his institution, and recently witnessed an autoplastic operation there, by Dr. Meier, who is a surgeon to Bellevue Hospital, and the recovery of the patient has been greatly promoted by the excellent nursing and attention furnished in this Sanitary Home. Strangers in the city, who may need medical or surgical treatment, or retirement with good nursing, &c., will find this institution to be a desirable refuge from the noise and excitement inseparable from our best hotels, and we doubt not Dr. S. will receive the public favor, and abundant patronage. We cordially wish him success.

#### CERTIFICATES TO OUACKS.

Clergymen, editors, lawyers, and strong-minded women, have proverbially a proclivity towards quackery in physic, and are notoriously the most frequent endorsers of quacks, by certificates. The obvious reason is to be found in the fact that these several classes of persons, however skilled in their several departments, know less about the science of medicine than they do of any other subject, and are hence the earliest and easiest victims of the ignorant and unprincipled men and women who make a trade of the art of healing. And yet most strangely, they lend their names to recommend nostrums of which they know nothing; and certify to the pretensions of the venders, of whom they know still less; and are hence found endorsing the vilest quacks and impostors in the land; and testifying to the most flagrant false-hoods, because they know not what they do.

We heartily wish that there were no similar certificate-makers in the medical profession, but at this very hour, the newspapers are filled with advertisements of specialists and other quacks, who are "obtaining money under false pretences," while hazarding the health and lives of their dupes, who become such solely because the impostors are ever publishing endorsements by professors and other eminent physicians, recommending them to the public confidence.

It is sometimes said, in defence, that these certificates were given on the express condition that they were not to be published, but only shown in private; yet this only duplicates the fraud, for such it is. Again, we are sometimes told that names are used without authority.

and that the signatures are forgeries, which, if true, exonerates the parties from violating our Code of Ethics. But in a recent instance, the quack has forthwith published copies of certificates and signatures of two eminent men to refresh their "oblivious memories," and proffers to exhibit the originals at his office, and even threatens a suit for slander, by their denial of his card. We wish our neighbors, Professors Parker and Mott, a safe deliverance, and now hope for an end of their certificate-making for quacks.

# Pure Liquors for the Use of the Sick.

The late exposures of the adulterations of alcoholic liquors, in medical journals, have had the effect of calling out, from reputable houses in the trade, not merely disclaimers of all participation in these frauds, but announcements of articles warranted pure, and recommended as reliable for medical use. The advertisements of Mills & Co., who guarantee the purity of their whiskey; and that of Binninger & Co., one of our oldest firms, vouching for their London Dock Gin, will be found on another page of this number. They challenge physicians to test the purity of these articles before prescribing them to their patients.

Tarrant & Co. is the name of one of our highly respectable drug houses, who announce in this number preparations of well-known remedies for domestic use, which do not belong to the class of patented nostrums, and are warranted not to contain any deleterious agent. So long as people will take domestic medicines, they ought at least to discriminate the good from the bad, and deal only with reliable apothecaries.

#### ADVERTISING DOCTORS.

This tribe, so long denounced, must be taken into favor again. Several of the journals are complaining hugely that young doctors are not allowed to advertise themselves and their cures, while the old ones, after having made their fortunes in this way, continue to puff themselves in the newspapers, by some ingenious device. A professor and hospital surgeon, in New York, lately had a lucky case of Tracheotomy in Croup, which is now going the rounds of the penny and Sunday press. He is careful not to tell how many times he and others have lost children in this way. Nor does he confess the truth that this child might have got well without having its throat cut, so that it may have been an extraordinary escape, not a cure.

But the advertisement answers his purpose, which is to invite calls to his shop in cases of croup. The statistics of the mortality in croup after this operation, prove that there would be more recoveries, if the patients were let alone. But if he is thus to advertise, why should not all the young doctors do so with impunity? Circumstances alter cases. Vive la bagatelle!

### WORCESTER'S QUARTO DICTIONARY.

This truly great work, which, from its completeness and amplitude, deserves to be called the Cyclopædia of Lexicography, is issued from the house of Swan, Brewer & Tileston, of Boston, in a very elegant style of typography, and durably bound. The numerous deficiencies, and manifold errors, which have been so often indicated in the several editions of Webster, have been supplied and corrected in this work; which, so far as we have been able to examine it, appears to approximate nearer to a standard Dictionary of the English language, than any other extant. Instead of having several dictionaries on our table, as heretofore, we shall now only need one, for this of Worcester contains all we need in vocabulary, orthography, etymology, definitions, pronunciation; and moreover, it abounds in the technicalities of modern science, which is a feature, which will be prized by every scholar. With all the other dictionaries, we should still need this of Worcester; and with this alone, we could dispense with every other. Let no lover of reading and writing fail to secure a copy for his library.

### DIFFUSIBLE STIMULANTS.

The medicinal use of alcohol in some of its forms is increasing, in a variety of diseases; and hence there is need of very great discrimination in selecting the articles which are not drugged, especially as, in these days, adulteration is the rule, and purity the exception. In general, it is safer to obtain fermented, vinous, and spirituous liquors for medical use only from reliable dealers, when these can be found, whose reputation affords some sort of guarantee that their liquors are pure as imported; or if manufactured in the country, that they are free from any of the noxious and deleterious agents known to abound in most of the articles on sale by retailers. Mr. Charles Wharton, Jr., of Philadelphia, through his agent, Mr. Surbrug, of 81 Cedar Street, New York, claims for his "Chesnut Grove Whiskey" that it is freed from fusil oil, and is guaranteed to be the purest article in the market, and eminently fit for medicinal use.

#### NEW MEDICAL WEEKLY.

Our ancient cotemporary, the "New York Journal of Medicine," after seventeen years struggling for life in the midst of ups and downs, which few quarterlies could survive, has at length fulfilled our predictions, founded upon its ponderous dullness, and is now defunct. Requiescat in pace. Its numerous editors, nurses, and godfathers have our profound sympathies, in the money they have squandered in trying to eke out its lingering existence, which, if judiciously expended, would have sufficed to have sustained any Journal, whose viability was not choked out of it by cliques and factions in the profession, whose mutual admiration ignored merit in everybody else, lest it should eclipse their own fictitious pretensions. Let all such learn a lesson from its leaden sarcophagus.

But, from its peaceful ashes, a new candidate for the favor of the profession has just arisen, for which we may venture to hope for better things. The first number of the "American Medical Times" has just made its appearance, issued by Baillière Brothers, of New York, as a weekly quarto, in size, appearance and arrangement, closely resembling the London Times and Gazette, and rivaling it in the style of its typography and general aspect. Its editors are announced as Drs. S. Smith, E. Harris, and G. F. Shrady, who are capable of making a good Journal, and who, by this new weekly, will be likely to divide the patronage heretofore extended to the New York Medical Press, the Philadelphia Medical and Surgical Reporter, and the Boston Journal, all of which are issued weekly The new paper is published at \$3.50 per annum for city subscribers, and \$3 if sent by the mails, and will be regularly issued after July 7th, 1860.

From our Monthly stand-point, the new-comer does not disturb our equanimity, and we wish success to this new effort at weekly medical journalism, without envying its cares and toils, which, by a brief experience ten years since, we found intolerable. The specimen number is every way creditable to both editors and publishers.

# REVIEW.

In the Charleston Medical Journal and Review, our neighbor, Dr. Griscom, and his Quarantine and Sanitary Convention, for 1859, are dissected by the keen scalpel of the editor, in a style of caustic and savage criticism, which is perfectly refreshing. If anybody wants to see "fomites" and "personal contagion" disposed of, by a writer familiar with yellow fever, let him read this withering review.

#### REGISTRATION LAW.

The Act of our State Legislature to provide for the accurate and full return of births, marriages and deaths, though well meant, has been so bunglingly constructed, that our City Inspector finds himself at his wit's end to attain under it anything like an approximation to either accuracy or fullness, so that his aggregate returns are sadly imperfect.

We see that Archbishop Hughes refuses to make the monthly report called for in the law, and assigns reasons for his declinature to report his marriages. For this he is soundly berated by the public press, and even threatened with legal prosecution for the amount of the fine of \$50 for every marriage not reported.

But our flippant editors who pitch into the Archbishop are oblivious to the fact that there are two sides to that question, and we predict that the first attempt to enforce the fine will be resisted and defeated by any honest jury; and we shall be slow to believe that any competent judge will allow the penalty of this anomalous law to be inflicted for a technical offence, prompted by honor and conscience, and in which justification can be shown. Such jurisprudence, it can readily be seen, would be contra bonos mores, apart from the unconstitutionality of coercing perjury by compelling the disclosure of facts only revealed under the seal of the confessional.

It is wholly a mistake to suppose that the Archbishop and his clergy are alone in refusing to report marriages under this act; and, indeed, it may be safe to suspect that less than half of the marriages in New York are reported, even by the Protestant clergy. So that the object of the law in this regard is defeated.

But how is the law which requires a monthly report of Births observed by the physicians and midwives of the city? Not a moiety of the physicians make any report at all. Some refuse because they are not paid for reporting, while the recording officer is paid. Others because they have neither time nor inclination to render gratuitous service to the State, whose laws refuse to discriminate them as a profession, by placing the whole herd of quacks on an equality with them. Still others, because the parents object to such reports being placed on file, and open to newspaper publication; while in many cases, express contracts not to give publicity to births, are entered into with the parties as a condition precedent to employment as accoucheurs; and this often for pecuniary and other reasons, involving nothing demoralizing whatever. This law is unconstitutional, because it "violates"

contracts." But, as the Hippocratean oath binds our profession not to reveal secrets made known to us strictly in the line of our profession, there are frequent cases of births at which we may be present and assisting, to report which would not only be moral perjury, but refined cruelty, inflicting irreparable injury upon innocent persons, and involving families in utter ruin. The common law prohibits physicians from testifying to any facts thus acquired in the practice of our profession, and protects us in refusing to report such births.

But our object is not to discuss the subject further than to show that there are two sides to the question, and that the present law ought to be amended—not enforced.

# DR. OLIVER WENDELL HOLMES,

The reputed autocrat of the breakfast-table, and the acknowledged poet laureate of the profession, has, it seems, "frightened from their propriety" the old fogies of the Massachusetts State Medical Society, by an address, which is reported to be as heretical in our science, as his articles in the Atlantic are in theology, the doctors being judges in the one case, and the clergy in the other. He seems to have come to the rescue of Forbes and Bigelow, in reprobating all medication, and advocating the "let alone system" of treating disease, and in this direction he is represented to have out-Heroded Herod. He has himself been startled by the treason imputed to him in the newspapers by his brethren, and publishes a card promising to print his speech, to place himself rectus in curia. In his revision he will doubtless expurgate it, to disarm criticism, but he will be held to what he said, and not to what he writes, now that the Philistines are upon him. practice is said to be only upon the dead body, and that he does not feel a pulse in a month. His competency to give an opinion on any practical subject is hence denied. But we await the denouèment.

#### NEW BOOKS.

Dr. Forbes Winslow annunces a new work on "Obscure Diseases of the Brain and Mind!" We marvel whether it is to be physical or metaphysical. Can the mind be diseased? Then it is perishable; for that which is liable to disease is susceptible of death, and immortality becomes a fable. Professor Laycock, of Edinburgh, is also in the same category, for his new book is entitled "Mind and Brain, the Correlations of the General Laws of Life and Consciousness."

We never see physicians drifting from physic into metaphysics, with-

ont thinking of the definition of the latter word, by a humble deacon in the Church, who said of his minister, "Whenever he preaches about what he don't know, and you don't know, and nobody else knows—that's metaphysics." We have had quantum suff. of this in medicine as well as theology.

#### DECEASE OF DR. C. E. ISAACS.

We are pained to record the death of Dr. Isaacs, of Brooklyn, L. I., which occurred on the 16th of June. He had distinguished himself in Anatomical and Surgical pursuits, and had a high reputation in our sister city as a Surgeon. He was formerly connected with the medical schools of this city as Demonstrator of Anatomy, but of late devoted himself to practice. Dr. Isaacs was a high-minded, honorable, and worthy member of the profession, an excellent scholar, and an accomplished gentleman. His loss is deeply lamented by, all who knew him. The New York Academy of Medicine and the Pathological Society have expressed their sense of the bereavement by appropriate resolutions, and by attendance on his funeral in a body.

#### MEDICAL COLLEGE OF OHIO.

We are surprised to learn that the entire faculty of this venerable school at Cincinnati, Ohio, have resigned. The Trustees will be fortunate if they can succeed in reconstructing it with as able a corps of teachers as that which has just retired. It is a burning shame that a great medical school cannot be permanently sustained in the queen city of the West. Is that wide field of Medical Education to be wholly given up to Botanical and Eclectic quackery? The deliverance of the city from the impostors, Cleveland & Co., who, it seems, have been at length starved out, had awakened hope that a better day was dawning upon Cincinnati. Nil desperandum, now that gangrene has sloughed off.

#### LEGAL EDUCATION.

Our brethren of the bar are no less disturbed than our own profession on the subject of education. The Supreme Court of New York has refused to license the graduates of the Law Schools in our own Universities and Colleges, and claim the exclusive right of admission to the bar. At a recent examination of candidates, numbering twenty-seven, at Auburn, in this State, all were rejected, the Examiners deciding that not one among them was qualified, much to the chagrin of

their teachers. Who ever heard of such wholesale rejection of medical candidates when the teachers were the sole examiners?

Planten's Capsules.—These afford the best vehicle for making certain remedies palatable, as we know by experience. See advertisement on page 554.

Oak Orchard Acid Spring Water has a high reputation, which it deserves. See advertisement.

Dr. William Pepper has been elected Professor of the Theory and Practice of Medicine in the University of Pennsylvania, in the place of Dr. George B. Wood, resigned. Even the disappointed must admit that this is an excellent appointment.

The Nashville Medical and Surgical Journal says:

"THE FOURTH ANNUAL MEETING of the Quarantine and Sanitary Convention will be held at Boston on the 14th of June. We hope Dr. Darby, of Mobile, will take a box of the malaria he saw "on the tops of the houses" in New Orleans, and which he found "between the roots and the leaves of the trees of the Southern countries. We would like to go North just to see it."

We are sorry our confrère did not call on Dr. Griscom, of New York, to exhibit to that learned body of savans another box, containing a sample of the "fomites of yellow fever," the exclusion of which he so earnestly urged in 1859, and by which he stultified the Convention.

#### BOOK NOTICES.

ELECTRO-PHYSIOLOGY AND ELECTRO-THERAPEUTICS: Showing the best methods for the Medical use of Electricity. By Alfred C. Garrat, M.D., &c. Boston: Ticknor & Fields, 1860.

This is a formidable octavo of more than 700 pages, abounding in artistic illustrations, and attractive to the eye by the excellence of its typographical execution. It is devoted to an ardent and enthusiastic advocacy of the claims of Medical Electricity as a remedial agent. While we admire the zeal and earnestness of the author displayed in this learned and elaborate work, and are far from depreciating the agent he extole, or its usefulness in skillful hands, yet we cannot partake of his sanguine anticipations of its wondrous success, or share the enthusiasm which has prompted him to devote so exclusive attention to this topic, which he is in danger of making a hobby, and this is the direst misfortune in a medical man. Still, we must award the merit of ingenuity, industry, and scholarship to the author, and very great attractiveness to the book.

THE EULOGIUM OF MEDICAL SCIENCE.—Under this title, the anniversary discourse by Dr. Wm. C. Roberts, before the N. Y. Academy of Medicine, has been printed. It was delivered in November, 1859, and is creditable to his head and to his heart.

PATHOLOGY OF PARALYSIS OF MOTION, WITH ITS TREATMENT BY SPECIFIC EXERCISES. By Charles F. Taylor, M.D.

This is the title of a pamphlet by Dr. T., in which he exhibits the treatment on which he relies, and reports cases with results. Any light on this obscure subject will be acceptable.

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## DR. SHWEIG'S SANITARY HOME.

(MAISON DE SANTE,)

#### No. 158 SECOND AVENUE, NEW YORK.

This Institution is designed upon the plan of the French Maisons de Santé, for the accommodation of patients of both sexes, especially for strangers who wish to enjoy the comforts of a home, combined with careful medical attendance and nursing.

It is situated in one of the finest and healthiest parts of the city; is very commodious; rooms large and well ventilated, and is easily accessible from any quarter of the city.

Patients can be treated by their own physician if they desire it.

Contagious diseases not admitted.

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An elegant drawing-room with a first-class piano, Library, &c., are open to the patients. All medicines are carefully prepared at the Institution, by a thoroughly educated chemist.

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kly Terms are as follows, and invariably in suvaire.

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which includes medical attendence, medicine, board, &c. The fees of the patient's own physician are not included.

All communications should be addressed to

#### HENRY SHWEIG, M.D.

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Druggists and Dealers supplied with choice old Wines, Brandies, etc., direct from United States Bonded Warehouses.

#### MEDICAL DEPARTMENT. UNIVERSITY OF NEW YORK.

#### SESSION, 1860-61.

The Session for 1860-61 will begin on Monday, October 15, and will be continued until the 1st of March.

#### Faculty of Medicine.

REV. ISAAC FERRIS, D.D., LL.D., Chancellor of the University.

VALENTINE MOTT, M.D., LL.D., Emeritus Professor of Surgery and Surgical Anatomy, and ex-President of the Faculty.

MARTYN PAINE, M.D., LL.D., Professor of Materia Medica and Therapeutics.
GUNNING S. BEDFORD, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.

JOHN W. DRAPER, M.D., LL.D., Professor of Chemistry and Physiology. President of the Faculty.

ALFRED C. Post, M.D., Professor of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.

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BUFFALO, July, 1860. Dean of the Faculty.

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and Practice of Surgery.

James McNaughton, M.D., Prof. of the Theory

and Practice of Medicine.

JAMES H. ARMSEY, M.D., Professor of Descriptive and Surgical Anatomy.

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J. BERRIEN LINDSLEY, M. D., Chemistry and

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C. K. Winston, M. D., Materia Medica and Medical Jurisprudence.
M. D., Surgical Anatomy H. Buchanan, M. D., Surgical Anatomy

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JOHN M. WATSON, M. D., Obstetrics and the Diseases of Women and Children. PAUL F. EVE, M. D., Prof. of Prin. and Prac. of

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W. K. Bowling, M. D., Institutes and Practice of Medicine.
WILLIAM T. BRIGGS, M. D., Adjunct Professor and Demonstrator of Anatomy.

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## AMERICAN

# MEDICAL GAZETTE.

Vol. XI.

AUGUST, 1860.

No. 8.

#### ORIGINAL DEPARTMENT.

The Anatomy and Physiology of the Placenta—The Connection of the Nervous Centres of Animal and Organic Life.

By John O'Reilly, M.D.,

Licentiate and Fellow of the Royal College of Surgeons, Ireland; Resident Fellow of the New York Academy of Medicine; Member of the Medico-Chirurgical College of New York; formerly Medical Officer to the Oldcastle Work-House Infirmary and Fever Hospital.

PREFACE.—No one is more fully sensible of the difficult task ofunraveling the mysteries connected with the nervous system than I am. No person is more firmly impressed with the conviction that it requires a man of profundity of thought, depth of penetration, expansive intellect, and enlarged views, to illustrate and demonstrate the mode of action of the nervous system, than I am.

No person is more forcibly convinced of his incompetency to give a subject of such extraordinary importance ample justice, than I am.

What, therefore, has induced me to attempt writing on a subject which, during a period of twenty years, whilst actively engaged in the practice of medicine and surgery, I never bestowed a thought on?

The reply is simply that, being accidentally called by the Section of Anatomy and Physiology of the Academy of Medicine to attend one of its meetings, with the view of forming a quorum, to enable that body to proceed with a discussion on the Anatomy and Physiology of the Placenta, I complied with the request, and casually advanced views which I subsequently found necessary to vindicate, and which I am now anxious to place before the profession in extenso.

Introduction.—It should be of no consequence by whom the true

solution of an abstruse question is found, provided it can be proved to be correct.

Every person who enters on an inquiry relative to a difficult subject, with a view to expound it clearly and satisfactorily, is looked upon with suspicion; his assertions regarded with doubt; and whatever he puts forward as fact is received with hesitation.

The high reputation of an author is generally a passport to the public that the subject he treats of is worthy of attention, and demands consideration.

Conclusions and opinions, arrived at by men after superficial reading and study, are not calculated, in many instances, to elevate the reputation of an author, as they cannot appreciate or comprehend the nature of the matter under discussion.

The opinions of the highest authorities on a scientific subject should not be received as authentic, without standing the ordeal of the most rigid scrutiny as to their truthfulness in all its bearings.

It is particularly requested that the reader of the following pages will negative or affirm every paragraph, after mature consideration, without waiting to read the entire chapter.

The great obstacle to the thorough understanding of the nervous system of animal and organic life presents itself in the want of human intelligence of a sufficiently high standard to comprehend the agency of immaterialism in the operations of materiality.

The several organs of the body are constructed physically with the greatest precision as to their mechanism and component parts, so as to discharge efficiently the duties of the offices which they were destined to perform in the animal economy.

The eye cannot be surpassed in construction, as an optical instrument; the ear, as an acoustic apparatus; or the larynx, as a musical instrument.

It is to be observed, when the eye is injured, vision is either lost or impaired; that the same remark is true of hearing, when the ear is implicated; that the voice is lowered when the larynx suffers; and so, in like manner, when any part of the organic nervous system is treated with violence, the functions of life are deranged, or cease altogether.

The anatomical organization of a dead man is the very type of the living one. Certain characteristics, which are too well known to require enumeration, distinguish the living from the dead; as the former can be instantly assimilated to the latter, without any trace of disor-

ganization being perceptible; it follows thence, as a sequence, that an immaterial or imperceptible agent must have been expelled.

The union, therefore, of an immaterial agent with materiality, scientifically arranged, as is exemplified in the case of the organic nervous system in man, constitutes life.

The severance of the immaterial agent from the material substance, resulting in death, requires elucidation.

The immaterial agent, known as life, is held in existence by the union of the oxygen of the blood with the structure of the organic nervous system. Whatever, therefore, disturbs this process is followed by fatal consequences: as, for instance, a violent blow on the semilunar, the superior cervical, the cardiac, or the central cerebral ganglia; the shock given to one ganglion is instantly communicated to all the others; thereby the animal machinery suffers concussion, and is unable to attract or combine with the oxygen from the blood: thus the immaterial agent, whose existence depends on the harmonious action of these material agents, (to wit, the organic nervous system and the oxygen,) disappears from its abode.

A dead man and one in a sound sleep closely resemble each other as regards communication with the external world; the operations of the immaterial agent, for which the encephalon was established to provide a habitation for, being totally suspended. The distinction between a dead man and one asleep consists in the operations of the immaterial agent in the organic nervous system being carried on in the latter, whilst in the former they are not.

These facts demonstrate the distinctness of the action and duties of the immaterial agents in the animal and organic nervous system.

A dead man, one recently executed, can be made to appear, to a certain degree, like a living one, by substituting an immaterial agent for the one that has departed—namely, galvanism. It is well known that one wire of a galvanic battery applied to the lumbar nerves of a frog, whilst the other touches the foot, will cause contraction of the muscles.

It is highly important to understand that the Creator has invariably used material substances when carrying into execution immaterial agencies: thus, for instance, man was made of the slime of the earth; it is evident that without Omnipotent power this could not be accomplished. When Moses struck the rock of Horeb with his rod, water came forth; it is equally clear that an all-powerful, invisible agency was in operation.

The most extraordinary instance of the power of immaterialism being combined with materiality is exemplified in the Incarnation. I cannot avoid giving the text from the first chapter of St. Luke, verse 25: "The Holy Ghost shall come upon thee; and the power of the Most High shall overshadow thee. And therefore the Holy Chrost which shall be born of thee, shall be called the Son of God."

A great many look on the Bible as fabulous, whilst numbers cannot comprehend its sublimity, or construe it to meet their own limited or presumptuous views; in a word, ridicule the idea contained in the above quotation from the Gospel, and thus ignore altogether the power of immaterialism over materiality. There are others who endeavor to account for the phenomena of life by close anatomical investigations of the minute structure of the body, or by chemical agency; who disregard immaterialism, as unworthy of scientific research, and hold it derogatory to their reputation for keen examination and learned exposition.

It is necessary, therefore, to remind the classes of persons alluded to, that the power of an immaterial agent over a material one admits of familiar illustration. A bar of steel or iron, which has been magnetized, either by the application of a loadstone or a current of electricity, will attract another bar of iron and communicate a similar power to it. If two bars of iron are magnetized, the north pole of the one will repel the north pole of the other, whilst the north pole of one will attract the south pole of the other.

Could a clearer demonstration be given of the power of immaterialism over materiality? Does not one bar of iron, made magnetic, impregnate another bar of iron? Is not the analogy of impregnation still further borne out by recollecting that a piece of iron rendered magnetic is capable of attracting to itself other particles or scales of iron in its vicinity for a considerable time—thus enlarging itself precisely as the immaterial agent in the fœtus appropriates to itself the nourishment it requires from the mother?

Electricity is an immaterial agent. It can be generated from matter, as is witnessed in the case of the Galvanic Battery; and can be conducted thousands of miles in a second through wires of various kinds of metal, and the phenomena of electricity rendered manifest by the electric spark.

The current of electricity, when the positive and negative wires of a Galvanic Battery are brought in close contact, will convert gold into fumes, or brilliantly ignite charcoal.

The power of the immaterial agent is here apparent; and it must strike the most superficial thinker that the wires are the mere conductors or instruments—a matter susceptible of proof—shown by cutting off the communication between the wires and the battery.

If the wires connected with the galvanic battery are put into a mixture containing gold, arsenic, copper, iodine, and zinc, the metals will be found reduced to their metalline state by the action of the wires. No person will, I presume, attribute this agency to the wires, but must ascribe it to the immaterial agent they conduct or give abode to.

I trust it does not require further argument to demonstrate the mode of action of the immaterial agent, known as electricity, when in combination with a material substance—such as steel, iron, or copper.

If an inanimate immaterial agent, such as electricity must be admitted to be, is capable of producing such extraordinary phenomena, what must a living immaterial agent be capable of accomplishing?

In the former case, the agent is brought into existence by an electrical machine, or galvanic battery; in the other it is not generated, but held in existence through the instrumentality of the union of the oxygen of the blood with the organic matter in the organic nervous system—the nerves acting as conductors of the vital agent as the wires of electricity. In the case of the galvanic battery, the acid plays a conspicuous part by its action on the zinc in generating the electricity; in like manner, the oxygen discharges a prominent part in its action with the tissue of the organic nervous system, in holding the immaterial agent known as Life.

It is exceedingly difficult to understand, and much more to explain, the manner in which the animal immaterial agent is obtained, as well as rendered active, in the encephalon. The operations of the mind are truly immaterial, and can be transmitted to distant parts by nervous bands acting as conductors, as is exemplified when the heart jumps in the pericardium on the receipt of exciting intelligence, or by an act of volition, as is witnessed when a person wishes to flex or extend his toes—the immaterial agent generated in the brain being thus conducted to the parts specified.

The cerebrum, as well as the cerebellum, is composed of gray-andwhite matter, folded up in a peculiar and compact manner. If the brain were fully unfolded, it would be found having a layer of gray substance on the outside and white on the inside.

The structure of the brain contains a large amount of phosphorus combined with oleaginous matter, and is thus rendered susceptible of excitation.

It would seem that the folding up of the brain was done for the purpose of affording a large surface or space for the action of the parts required to be carried into operation in producing or rendering active the immaterial agent.

Arguing from analogy, it would appear, in fact, that the arrangement of the gray and white substances is founded on the same principle that exists when a large quantity of electricity is required to be produced—namely, placing two large sheets of zinc and copper over one another, separated by horse-hair, and then coiled up; thus occupying a small space, and easily brought into action by immersion in an acid mixture. So, in like manner, the gray and white substances are brought into operation through the agency of the phosphorus.

This explanation is an hypothesis, but appears to be borne out to a certain extent by facts. When a man overworks his brain, phosphorus is found in the urine; showing it has been used to excess in mental operation. The brain requires rest from excitation; hence sleep is called for to suspend its operations, and allow the process of recuperation to take place.

Certain parts of the brain are destined for specific purposes, as can be deduced from the connection of the cerebral nerves. The immaterial agent allied with the sense of smell is in one place—vision in another—hearing in a third—taste in a fourth; and so on with respect of all the other functions of the brain. Each has its own place assigned it.

Thus it is certain parts of the brain preside over particular functions allied to animal life, just as the organic ganglia preside over the functions of the organs with which they are connected, each having a special duty assigned it.

It is a remarkable fact, that whereas the gray substance is placed on the external surface of the convolutions of the brain, that in the spinal cord it is located internally. Equally worthy of notice is it, that the current of the immaterial agent in the brain is from without inward towards the centre or mesial line, whilst in the spinal cord it is from within outward. In both cases the arrangement is in accordance with the connection of the nerves with the brain and spinal cord.

The conclusion from these circumstances would be evidence that the phosphorus acts on the gray substance, so as to produce the immaterial agent, in a similar way that the oxygen unites with the tissue of the organic nervous system in the sustenance of the immaterial agent known as Life.

It would seem that the white fibrous structure of the brain acts as conductors, as also repositories, of the immaterial agent after being generated. It requires a certain time to study a subject—the mind, while doing so, is immaterial. The result of the operations of the mind is immaterial, and is deposited in the white substance of the brain, to remain there until called for, in some measure similar to the manner in which electricity is procured in the Leyden jar.

It is a very perplexing matter to conceive how the iris contracts and dilates under the influence of the lenticular ganglion—the heart under the cardiac ganglion—the uterus under the uterine ganglion, or the arteries under the organic nerves, derived from the organic ganglia.

In truth, it would appear preposterous to some persons even to contemplate that such an extraordinary result should take place through their instrumentality.

But analogy will quickly reflect light on this mysterious subject. For instance, if two solid bars of iron, on being magnetized, repel one another, the positive poles being placed in juxtaposition, will not dilatation be the result? If the south of one is attracted by the north pole of the other, will not contraction be the result? Hence dilatation and contraction are observed alternately taking place between the two bars. The bars contain an immaterial agent, known as electricity; the nerves an immaterial agent, called Life. Hence the phenomena in question can be understood.

When a person sees disgusting food, the stomach rejects its contents. How so? The organic nerves act much in the same way under such circumstances that the positive pole of one magnet does when it repels the corresponding extremity of the other.

When two wires of a galvanic battery touch one another at their extremities, a current of electricity takes place powerful enough to convert gold into fumes or brilliantly ignite charcoal. When food, after the process of mastication, gets into the stomach, the gastric juice is secreted by the stomachic nerves, under the influence of the stomachic glanglion, and is capable of dissolving the hardest substances.

The lacteals, under the influence of the mesenteric ganglion, absorb the nutritious portion of the chyle, just as the wires of a galvanic battery will collect gold or silver in a metallic state in a mixture, where the metals are united with compound bodies.

The phenomena just detailed cannot be attributed to the wires in the one case, nor to the nerves in the other, but to the immaterial agents they conduct. A wire which will convey a current of electricity thousands of miles in a second is many thousand times smaller in proportion to the distance it has to convey the immaterial agent than the smallest nerve in the body. When a wire is cut across, the electric current is interrupted; divide a nerve, and the immaterial agent is arrested in its progress. A person wishes to flex his index finger; what takes place? The immaterial agent is generated in the brain, passes through the median nerve to the finger. Sever the nerve at the palm of the hand, and the message is interrupted. Bad news conveyed to the mind is sent to the heart, and sometimes interferes with the good results anxiously expected by a surgeon after a capital operation—as every practical surgeon is made cognizant of by the intermission of the pulse; whilst good news is not only communicated to the heart, but to the fœtus in utero, by a continued chain of nervous communication: "For behold, as soon as the voice of thy salutation sounded in my ears, the infant in my womb leaped for joy."-(St. Luke, iv., 44.) Here is a good example of immaterialism acting on materiality. Hence, direct telegraphic communication may be said to exist between mother and child.

I will now conclude by remarking, that the manner in which the arterial blood is converted into venous is by the absorption or union of the oxygen with the ganglia in which the capillary arteries terminate and the capillary veins commence.

The retinæ of organic nerves on the external surface of the arteries form ganglia at their extremities, through which the blood passing, loses its oxygen, and consequently becomes venous. It may not be amiss to remark, that no organic nerves can be found in connection with the veins.

Hence the difference between the actions of veins and arteries.

#### Nitrate of Silver in Diseases of the Throat and Air-Tubes.

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The following remarks are designed by the writer to portray his experience in the use of solutions (40 to 90 grs. to the oz. of water) of nitrate of silver in various diseases of the nasal passages, throat, and air-tubes. He is firmly of the opinion that this salt cannot, in solution in water, be considered a caustic, but rather as an alterative. The coagulation of the secretions by the solution when applied to the mucous surfaces, with the fact that the salt, when applied in the solution has the power of cauterization. This we believe to be entirely erroneous, proof of which might be easily adduced. We have never seen the solution, in any strength, produce ulceration on a healthy mucous membrane, and we have applied it for weeks together on such a surface.

The definition of its mode of action may best be given, perhaps, by using the term Alterative, as it appears to act beneficially in most of the several stages of inflammatory action. It stimulates passive inflammation into active and healthy. It acts as a sedative when applied to acutely-inflamed surfaces. It changes ulcerative processes into granulating and cicatrizing action; diminishes engorgements and congestions, by stimulating the vessels to contraction. Causes the absorption of lymph, serum, and blood, where these fluids have been effused; consequently, diminishes hypertrophy in the spongy tissues. Applied in passive inflammations, it stimulates them up to an active and healthy point; gives tone to languid surfaces, and arrests serous, plastic, and hæmorrhagic effusions from such surfaces. Its deleterious effects (we speak of the solution) are generally prevented, even when it is injected into the trachea and bronchia, by the coagulation of the mucus, already effused or thrown out under the stimulus from the surface of the irritating salt.

With these views, drawn more from daily observation than from the books, we proceed to state our experience of its effects on the above-named surfaces; our mode of application being that proposed and so successfully resorted to by Professor Horace Green, of New York.

The ordinary sponge probang, of various curves and sizes, adapted to different cases, has in our hands been the chief means of applying the solution. The curved and bulb-pointed syringe of Dr. Ware, of

Boston, has, however, been used to throw injections into the posterior nares, pharynx, larynx, trachea, and bronchia. We have also used the ordinary ear syringe to make injections into the nose.

We would here remark, that some of the reasons why failures are so common, in the attempt to apply this solution by means of a sponge into the larynx and trachea, may be classified as follows:

- 1st. The sponges are often too large, and not the right shape, to pass through the glottis, and especially between the vocal cords.
- 2d. The probang is not the right shape or size, or has not sufficient flexibility.
- 3d. The patient is not educated to its application. He should, for instance, sit erect, throwing the chest forward, his arms and shoulders backward, with the head falling far enough backward to bring the trachea as near as possible in a straight line with the opening of the mouth, which should be opened to its full extent.

The curved spatula should be pressed firmly on the tongue, bringing it downward and forward. The patient should be accustomed to this, and a few applications of the sponge, wet with simple water, should be made to the upper part of the throat, in order to accustom him to its touch; he should be instructed to breathe freely during the operation, in order to keep the glottis open—the instinctive closure of which, on the approach of the sponge, being a very common source of failure. If the patient is alarmed, the operation should be deferred till he gains confidence in the operator. Above all, the surgeon should have studied the mode of operating, carefully, under the instruction of a good operator. It should be performed "tuto, cito, et jucunde." There is no danger of suffocation at all, unless the sponge be detained an inordinate length of time in the passage. can be introduced sixteen or eighteen times before a person wants to breathe, if done quickly and dexterously. It will be remembered that the Turkish diver can hold his breath seventy seconds, and most persons can do it for forty or fifty seconds. Two seconds are enough for the mere introduction of the probang, when the parts are exposed.

We have found the following directions useful: The patient should sit upright on an ordinary chair, (not an arm-chair,) with the head and shoulders as directed above; the light should fall from the upper part of a window; the surgeon should stand on the right side of the patient, press down the tongue with the spatula in his left hand, and introduce the probang with his right. The spasm which follows its introduction will be relieved by drinking a little cold water. In patients unaccustomed to the application, the entrance of the sponge into the pharynx and esophagus will be followed by retching or vomiting; this is not the case when the sponge is introduced into the larynx without touching the pharynx, except in extremely irritable cases. These operations should always be performed by the medical expert himself; very rarely may the patient or his friends be trusted with the duty. We have seen a few cases where an intelligent patient had acquired skill enough to introduce the probang and sponge the whole length of the trachea.

With the final remark that it is advantageous, in chronic cases, to allow of an intermission in the practice occasionally, in order to obtain the full effects of the treatment, we proceed to speak of some of the cases and diseases in which we have found topical applications beneficial and curative.

- 1. In ordinary Catarrh, where the mucous membranes are very much inflamed and swelled, especially where there is a chronic hypertrophy of the tonsils and uvula, we have found the free application of the solution extremely useful in diminishing the inflammation and swelling, and thus relieving the great difficulty of respiration that sometimes exists in these cases. Deglutition is also improved, and the patient sleeps better, after a free application of the saturated sponge over the surfaces of the larynx, pharynx, tonsils, uvula, and posterior nares. This is particularly the case in scrofulous children, and in patients predisposed to quinsy. The application is also useful in the declension of the disease, in preventing the excessive effusion of fluids, by giving tone to the membranes; and thus, in some cases, preventing what would otherwise be a chronic cough, perhaps a bronchitis.
- 2. Œdema Glottidis.—This disease, with which the great Washington died, consists in effusion of serum in the submucous cellular tissue, in the vicinity of the rima glottidis, and produces death by closure of this opening, and the consequent suffocation. Simple swelling of the parts, without effusion, has been treated with success by scarification; and so, also, might perhaps the first form of the disease. The solution of the nitrate of silver, however, presents a ready, convenient, and effective remedy for both forms of the disease. The application by means of the sponge and probang is at once so simple and easy, that it should always be resorted to in these cases—the time for medical treatment being very short at best. Even cases of acute laryngi-

tis, where the inflammation has extended to this region, and respiration has been exceedingly difficult, have been relieved in a few moments by an application of a strong solution of the nitrate.

- 3. Ezena.—This very unpleasant and intractable disease is often very much relieved by free sponging behind the soft palate, and by injections through the anterior and posterior nares. Dr. Ware's curved bulb syringe will be found very useful in sending a shower behind the palate, and over the surfaces generally of this region. This treatment will relieve the fector and moderate the disease, while other and general remedies may be resorted to to cure it. There is a mild form of this disease in scrofulous constitutions, which is very annoying both to patients and friends, from the unpleasant discharges and crusty desquamations which are thrown off from the nasal and pharyngeal surfaces. The occasional, say once or twice a week, application of the solution affords great relief, by diminishing the secretion, and correcting the odor.
- 4. Throat Deafness.—This disease, so fatal to the function of hearing, is the result of inflammation of the mucous membrane of the throat, extending to one or both of the Eustachian tubes, and closing these, either by producing a chronic hypertrophy of their lining membranes, or by causing a deposit of lymph, which acts as a plug to close the tube. It is a very common sequence of scarlet fever, measles, and other eruptive diseases; also, of chronic sore throat, of almost any kind, which leaves the lining membrane of the throat swelled, and the mouth of the Eustachian tube closed. Free and repeated applications of the solution to the throat, behind the soft palate, with catheterism of the tubes, are perhaps the best treatment.

We have seen several striking cases in which hearing has been restored, sometimes in one and sometimes in both ears, by applications of the solution to the parts, without resorting to the catheter. The patient should be instructed to attempt to blow air through the tubes daily, by closing the mouth and nose forcibly, and then attempting to expel air from his lungs with a strong effort. In some cases, the excision of the tonsils and uvula will be found necessary, in addition to the applications. Cold water ablutions and frictions in the morning, of the neck, with a dry diet, and abstinence from the use of alcohol and tobacco, will be necessary portions of the treatment.

5. Tonsilitis, or Quinsy.—This disease, like most other local inflammations, is either acute or chronic. In the chronic form, whether the

tonsils are enlarged or not, the application will be found decidedly beneficial. Enlarged tonsils are made to diminish very sensibly by the daily applications of the remedy; and ulcerations or other forms of inflammation, which have diminished their size or produced atrophy. are speedily removed by carefully sponging the diseased parts between the veils of the palate with a strong solution of the nitrate. Where the disease is not removed by this process, scarification of the tonsils, or their excision, whether in an atrophied or hypertrophied condition, will increase their susceptibility to the action of the medicine, and strongly predispose to a cure. The trouble in the atrophied condition of the tonsils lies chiefly in the difficulty of applying the medicine to the root of the disease; hence the necessity of removing a portion, at least, of the morbid tissue. It is well known that the tonsils become the spongy fountains of puruloid secretions, and albuminoid and tuberculous deposits and excretions; the latter sometimes going on to the calcareous degeneration. We have seen both tonsils covered by a coat of calcareous deposits; in other cases, they are found not only very large, but more or less solid, and nearly insensible. In these and in analogons conditions, the removal of a portion of the tonsils becomes a necessity. After which, the application of the nitrate of silver, in solution, will tend to establish healthy conditions of the remaining tissues. Acute tonsilitis is sometimes cut off by timely applications.

6th. Scarlet-Fever Sore Throat.—The great symptom, as is well known, in anginose and malignant scarlet fever, is the swelling of the throat, including the glands and other tissues. This great tumefaction produces proportionate difficulty in breathing, and the patient is in danger of suffocation. Scarifications of the tonsils are resorted to with advantage, but are not applicable to the swelled and inflamed surfaces of the larynx and trachea. Here the inflammation and consequent exudation and swelling may often be very effectually checked by frequent sponging with a stronger solution of the nitrate of silver. In the convalescence from the disease, a few timely applications of the solution, to the posterior walls of the throat, would tend to prevent the occurrence of that distressing and common result of the diseasethreat deafness. The sore throat of measles, small-pox, and varioloid. may be treated with advantage in the same way; and deafness and chronic bronchitis prevented, by the timely and judicious application of the medicine.

7th. Syphilitic Ulcerations of the Throat.—In addition to the specific remedies usually resorted to, in secondary syphilis, the application of the nitrate to the ulcerated surfaces will be found exceedingly bene-

ficial. The ordinary mode of applying the stick, or actual caustic, is not as effectual or as practicable as the application with the sponge of a strong solution of the salt. This will also reveal the difference between real ulcerations and pseudo-membranous deposits, by removing the latter and exposing the surface beneath. Saturated solutions of the nitrate should be used where ulceration exists; and milder ones will do, where they do not. The remedy may also be injected through the nose, or applied to the glottis, epiglottis, or pharynx, when it is necessary.

8th. Diphtheria.—This disease, which has prevailed during the last year so extensively in our country, is generally attended by pseudomembranous exudations on different parts of the throat, and sometimes with ulcerations. The general treatment, which should be tonic and supporting, should always be accompanied by free applications of the argentine solution to the surfaces affected. The testimony of medical men who have had much experience in the treatment of the disease concurs in this practice. Indeed, in all cases of pseudo-membranous exudation, the medicine acts almost as a specific, not only in destroying the deposits, but in changing the inflammatory condition which produces them.

9th. Croup.—'The division of this disease into spasmodic and membranous has, perhaps, some utility in practice; the patient, in most cases, dving either from the spasmodic closure of the air-passages, or from being plugged up by the pseudo-membranous exudations. nitrate of silver, by allaying the inflammatory irritation in the throat, in spasmodic croup, has a very excellent effect, when applied in time; its sedative influence preventing the recurrence and violence of the It ought not, in our estimation, ever to be neglected, in this form of this dangerous disease. Objection has been made to the apparent cruelty of the operation, but when properly performed this objection is baseless; on the contrary, the little patient soon becomes so conscious of the advantage derived from it, that he will seek its repetition, and open his mouth on the approach of the physician for the application of the sponge. We have seen an instance where the little sufferer, in its impatience for relief, seized the probang from the hands of the attendant and tried to force it into her own throat. nous croup, the benefit derived from probang applications into the larynx and trachea is twofold: first, in breaking up the false membrane, and producing immediate relief by its rapid and free expulsion; and second, in the specific effect of the nitrate on the inflamed and exuding surface. We are firmly of the opinion that the early and persistent application of the remedy is of the first importance in this form of the disease. The following case, which is among our earliest in the treatment, will illustrate what we have very often since seen in the same disease, as published in the *Medical Examiner*, Philadelphia, June, 1848; also in "Green on Croup."

On the 21st of April, 1848, I was called upon by my friend, Dr. T. Beasly, to see with him the only child of Thomas Hutchinson, aged fourteen months, laboring under an attack of croup. From the conviction that it was a pure case of pseudo-membranous croup, little hope was expressed by Dr. B. that the child would recover, the first child having died from the same disease. At 7 o'clock, P. M., the first application was made to the larynx, with a solution of forty grains of nitrate of silver to the oz. of water. The bent handle of a silver spoon served as a spatula to depress and draw the tongue forward. The epiglottis was distinctly seen, and the sponge, cut in a conical form and firmly fastened to a properly curved piece of whalebone, was rapidly passed behind it, and into the larynx. A temporary spasm of the glottis followed, and a free discharge of membranous and mucous fluid took place. This was succeeded by an improvement in respiration. The pulse was one hundred and thirty per minute, and thready.

- 9½, r. m.—Respiration has improved somewhat; a free discharge of mucus by vomiting had taken place since the first application. The second application was followed by a copious flow of flaky and stringy mucus, white almost as milk; some blood from the nose was mixed with the discharge; epistaxis, however, has existed now and then, ever since the disease began.
- 22d. 8½, A. M.—The child has passed a tolerably easy night; free bilious discharges from the bowels, the effect of two grains of calomel administered every two hours, since yesterday morning. Respiration is now easy; the head is not thrown back as before; the child is in a quiet sleep; pulse 95, and regular; drinks cold water freely since the first application of the nitrate. Third application, sixty grains to the ounce, into the larynx and trachea, followed by less spasm, very little irritation, and free expectoration. Continue calomel, two grains every four hours.
- 7, P. M.—Three or four stools have been passed during the day. The child lies languidly on the pillow, with its chin raised, but quiet. Respiration dry and difficult. The first attempt at an application this evening failed, on account of the restlessness of the child, and the

spasm which followed was great, and continued for several minutes. In the second attempt, I succeeded in passing the instrument far down into the larynx, and brought up with it a quantity of tenacious mucus. The withdrawal of the instrument was followed immediately by the discharge of a large quantity of thick membranous, tenacious, stringy mucus, somewhat streaked and yellowish, which resulted in the complete relief of the child, who laid back its head, and went to sleep in a few seconds.

23d. 8½, A. M.—The respiration of our patient is comparatively easy; slept well last night; has had four bilious stools. He is so much relieved that we resolve not to apply the salt at present, but to hold ourselves in readiness to make the application should it be required during the day.

6, P. M.—The child is sitting on his mother's lap, playing with his toys. Respiration slightly stridulous; has taken bread and milk; had three stools during the day; has slept comfortably. The throat, as far as we can see, is free from the diphtheritic deposit which at the first and second visits had been very evident, covering the fauces and soft palate with a milk-colored membrane. Made no application this time, but directed to continue calomel, one-half grain every four hours, with one grain of quinine in syrup.

24th. 9¼, A. M.—Found the child lying comparatively easy in the cradle; but little sound in the respiration, which was but slightly impeded; had passed a comfortable night; slept well, taken nourishment, and passed three stools; no application; calomel to be continued; consultations to cease. Dr. Beasly informs me that the child got perfectly well, without a bad symptom, and that he thinks the applications were the means of saving its life.

It will be seen that none of the usual remedies, such as bleeding, emetics, cathartics, tobacco, &c., &c., with the exception of a few grains of calomel, were used in this case.

(To be continued.)

#### THE LARYNGOSCOPE OF PROF. CZERMAK.

By Hugo Stangenwald, M.D.

Read before the New York Medico-Chirurgical College, June 14, 1860.

The principal part of this simple and useful instrument consists of a small metallic mirror attached to a long flexible handle, which is intro-

duced into the cavity of the fauces to aid in physiological and pathological investigations.



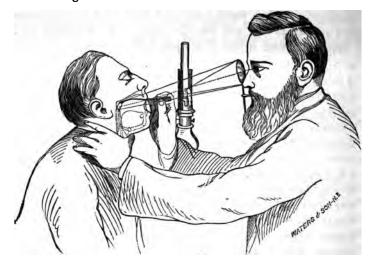
The flexibility of the handle allows of the adjustment of the mirror under different angles, and in order to prevent the condensation of watery vapor upon the reflecting surface, it is gently heated over a lamp, or dipped into warm water, before it is introduced into the cavity for observation.

The earliest mention of such an instrument for diagnostic purposes, we find as far back as 1840, in a work on "Practical Surgery," by Robt. Liston, Esq. Under the head of "Ulcerated Glottis," Mr. Liston says:

"A view of the parts may be sometimes obtained by means of a speculum—such a glass as is used by dentists on a long stalk-previously dipped into hot water, introduced with its reflecting surface downward, and carried well into the fauces." In November, 1855. M. Garcia published in the Philosophical Magazine and Journal of Science his "Observations on the Human Voice," in which he published a number of very interesting and accurate experiments, demonstrating the formation of the voice and the position of the vocal organs. After him, in the winter of 1857, Dr. John N. Czermak, Professor of Physiology, at the University of Pesth, in Hungary, commenced his laryngoscopic investigations, respecting the formation of the Arabian guttural sounds, at the same time repeating the experiments of Garcia; and while thus engaged, became aware of the truly practical importance of the instrument for diagnostic purposes. By an article in the Vienna Medical Weekly, of March, 1858, he gave the first impulse, by calling the attention of medical men to the importance of its use, and recommended its adoption as a valuable means of diagnosis. of the same year, Dr. Türck, of Vienna, also published his observations on the laryngoscope and its manipulations.

Without entering any further into its history, I shall proceed to describe the second part of the instrument. This consists of a large concave mirror of about 8 to 12 inches focal distance, and three or four inches diameter, arranged on the well-known principle of the ophthalmoscope, which serves to reflect the light of an Argand burner, or gas flame, upon the surface of the small metallic mirror, while the

latter is held skillfully and carefully in the cavity of the pharynx un_ The image is observed through the circulader a proper angle. aperture in its centre, thus making the centre of reflection at the samtime the central point of observation, and consequently losing a versmall amount of light. When it is desirable to have both hands frefor use, the mirror, freely movable by screws in all directions, is a. tached to a support of soft wood or orris-root, by means of which may be firmly held between the teeth, thus enabling the operator use a spatula, probang, or other surgical instrument, with perfect The use of the spatula, however, will but rarely be necessary: for if the patient puts his tongue far enough forward, so as to form a long central cavity on its surface, continuing all the while to breathe naturally, no great difficulty will be experienced in introducing the mirror into the pharynx; while at the same time, by stretching the tongue forward, the epiglottis will be lifted off from the aperture of the glottis, and by pronouncing forcibly certain sounds, the corde vocales will be brought into full view.



On pronouncing the long sound a, (as in fate,) these will be seen to open, allowing the inspection of the parts beneath. After becoming a little accustomed and skilled in the use of the hand holding the small steel mirror, so as not to produce any undue pressure on the parts concerned, which might distress the patient, we find no difficulty in bringing into view such parts as the back of the tongue, the epi-

glottis, the arythenoid cartilages, the true and false vocal cords, the ventriculi Morgagni, and the anterior walls of the larynx and trachea. This would certainly be sufficient inducement to adopt the use of the instrument for diagnosticating pathological changes in those parts; but even more may be done by persevering and skillful efforts.

During my recent European tour, I visited Prof. Czermak at Pesth, and was invited by him to examine several patients at a private clinique, suffering from polypi, and other diseases of the vocal organs, which could be seen with surprising clearness and distinctness by means of his laryngoscope. Yet the full capability of the instrument appeared in its true bearing, when he proceeded to exhibit to me on himself, not alone the above-mentioned parts, but also the whole anterior wall of the trachea, and twice during the course of the evening the bifurcation of the trachea itself. The latter could, probably, only be attained by great perseverance and careful training, yet goes to show what might be accomplished by the use of this instrument in I had heard of his ability to show the bifurcation of skillful hands. the trachea before I came to Hungary, but had smiled incredulously at the idea of its being possible to see the same in a living individual, yet I went away convinced and perfectly satisfied on the subject.

While repeating the above experiment, it is necessary to remember the anatomical curve of the trachea, and obviate its convexity forward by resting the back firmly against the corner of a sofa or easy-chair, and bending the head and neck slightly forward. inspecting the epiglottis and vocal cords merely, the patient is seated in front of the operator, his hands supported upon his knees, the upper part of the body and neck inclining somewhat forward, and the mouth open as wide as possible. The only difficulty in the operation is the amount of skill requisite to manipulate the small mirror, so as to bring the required parts into view, and to get the eye accustomed to the appearance and relative position of the parts when thus shown reversed, according to the laws of reflection of light. This, however, is easily acquired after a few experiments. The temperature of the mirror must of course be such as not to cause pain to the patient, and is most conveniently tested by the feeling of the operator before When there is great irritability of the parts, several trials may be necessary before we can accomplish our object; yet that sensibility gradually subsides by continued use, and when it is excessive it may be modified by applying previously a solution of nitrate of silver of moderate strength.

I ought also to mention that this instrument, in somewhat modified forms, has been used by Prof. Czermak for examining the posterior wall of the soft palate, the upper wall of the pharynx, (cavum pharyngo-nasale,) and the nasal cavities, as well as the orifices of the Eustachian tubes, all of which I had the pleasure to witness during my visit. The upper part of the larynx and the lower parts of the epiglottis have likewise been examined by means of a very small mirror introduced through the canula of a straight trachea tube, in cases where there existed perfect closure of the glottis from disease. The mirror used for this purpose being necessarily very small, great difficulty was experienced to prevent its cooling too rapidly, till it was found that by covering the reflecting surface by a thin and even layer of a saturated solution of gum-Arabic, this trouble might be avoided for a considerable length of time.

On my return to Paris, M. Charrière requested the use of the present instrument as a pattern, and a number of physicians expressed themselves well satisfied with its performance on my exhibiting the same at the Hôpital des Enfants, and several other hospitals of Paris. And since my return the instrument has been frequently used at the office of Dr. Horace Green, No. 12 Clinton Place, where, in a number of instances, it has verified by the sense of sight, and in a most interesting manner, the rational diagnosis previously made.

Perhaps I should add that Mr. Ford, a skillful instrument-maker of this city, has also perfectly imitated this instrument after the present pattern, and is now manufacturing the same at his establishment, No. 85 Fulton Street, for the use of the profession.

NEW YORK, June 14, 1860.

The Laryngoscope.—M. Czermak, Professor of Physiology at Pesth, is at the present time in Paris, with the view of bringing into notice an instrument for exploring the interior of the larynx, and with which the vocal cords, the ventricles of the larynx, the rings and bifurcation of the trachea, and the Eustachian tubes, can be seen with the utmost facility. The laryngoscope may be said to be an English invention, for we read in Liston's "Practical Surgery," London edition, 1840, p. 417, under the head of ulcerated glottis: "A view of the parts may be sometimes obtained by means of a speculum—such a glass as is used by dentists—on a long stalk, previously dipped in hot water, introduced with its reflecting surface downward, and carried well into the fauces." It was not, however, until 1855 that this idea was acted

upon, when Garcia, professor of music, made some valuable experiments to elucidate the physiology of the human voice, by causing the image of the larynx to be reflected from a mirror placed against the soft palate upon another mirror placed before him. Two years subsequently, Dr. Türck endeavored to apply the instrument to medical diagnosis, and to him and Dr. Czermak is due the merit of directing the attention of the profession to its use. Garcia and Dr. Türck employed the light of the sun in their experiments, but Prof. Czermak has made the instrument of greater utility by applying it by means of artificial light. The latter physician has, moreover, published a monograph on the subject.

The observer will at first be puzzled by the altered position of the parts in the reflected image, the component structures of the larynx being seen upside down; but the right side of the larynx is seen on the right of the instrument, and so of the left. The beginner had, therefore, better study an excised larynx, so as to accustom himself to the changed position of the parts. The mode of conducting the examination, writes the Berlin correspondent of the Medical Times and Gazette, May 5th, 1860, is as follows: "A metallic mirror, varying in size from six to fourteen lines in diameter, in shape either square with rounded edges, as recommended by Czermak, or oval, according to Türck's proposal, or, as it has been found very convenient by Dr. Levin, of Berlin, semicircular, with a concave inferior margin, soldered to a slightly flexible metallic handle, is to be introduced into the well-opened mouth, and fixed in such an angle against the uvula and soft palate as to throw incident luminous rays upon the larynx, and to reflect an image of the parts thus illuminated into the eye of the observer. prevent the mirror becoming dim by condensation of vapor upon its surface, it is necessary to warm it previous to introduction by dipping it into hot water, or holding the unpolished surface over the flame of a small spirit-lamp. Garcia made use of the direct rays of the sun in his experiments; as this source of illumination, however, is not always available, and, even if so, attended with obvious inconveniences in practice. Czermak proposes the use of a perforated concave mirror, of 7-12" focal distance, by which the light of an ordinary lamp can be concentrated upon the larynx-speculum, the eye of the observer being applied to the perforation. As the distinctness of the image will depend upon the brilliancy of the illumination employed, it will be found advantageous to concentrate the light of the lamp upon the concave mirror, by means of a powerful bi-convex lens. Dr. Levin, of this city, (Berlin,) has devised a highly convenient apparatus for this purpose, consisting of a tin tube, carrying a convex lens of two and a half inches focal distance, and of about the same diameter, which, by means of a simple contrivance, can be fixed horizontally over an argand-lamp, after the shade has been removed."

"The perforated concave reflector can either be held between the teeth of the observer, fixed on a suitable ivory handle, as recommended by Czermak, or attached to a large spectacle-frame, according to Stellwag's proposal; or it can be suspended from a support screwed to the corner of the table on which the lamp is placed. The latter contrivance will be found the most convenient for practical purposes."

"It will be most convenient to place the lamp to the right of the patient, who is to be examined in the sitting posture, his hands resting upon his knees, his body slightly advanced, and his head slightly reclining backward. According to Professor Traube's advice, the lamp, concave mirror, and larynx-speculum ought to be on the same level, and the angle formed by the rays incident upon and reflected from the concave mirror as acute as possible; on this account, it will be wise to place the lamp a little behind the patient. The observer supports the head and chin of the patient with the left, and introduces the larynx-speculum with his right hand, looking through the perforation of the concave mirror, by means of which he illuminates the pharynx."

"By causing the patient to sound alternately the Roman vowels, a, e, the velum and uvula will be raised so as to admit of the mirror being introduced with greater facility. In pressing the speculum against the soft palate and uvula, great care must be taken to avoid touching the posterior wall of the pharynx, the palatine arches, and the base of the tongue, to prevent the supervention of vomiting and deglutition."—N. A. Medico-Chirurgical Review.

[Translated for the American Medical Gazette by Dr. Marsland.]

#### HYSTERIA.

An interesting and remarkable case, illustrative of the obstinate and complicated character sometimes assumed by hysteric affections, is reported by Professor Fonsagrieves, of the Naval School at Brest, in a paper recently inserted in the Bulletin de Thérapeutique. This case is highly suggestive both in its pathological and therapeutical aspects.

The professor was consulted in 1856 by Miss K., an English lady,

twenty-one years of age, who from infancy had suffered from an obstinate cough, attended with general ill health and extreme nervous mobility. When Dr. F. first saw her, she was suffering from dysmenorrhea. Her tongue was often coated, her appetite bad, her digestion capricious and difficult. Constipation, alternated with diarrhea. In the following August severe pains invaded the legs, and the trouble which had always attended her menstrual periods became aggravated. For the next three months the catamenia were entirely suppressed, although emmenagogues were perseveringly given. During this time ecchymatous eruptions appeared on the upper part of the body, coinciding, generally, with the proper time of the menses, and always accompanied by obstinate anorexia and indigestion.

In December, the patient was obliged to keep her bed through one of these attacks. Ever since the age of puberty she had been subject to similar trouble, and her frequent catamenial irregularity and intermissions had always been attended by headache, dyspepsia, and spasms. Now, however, these old symptoms subside.

On the 26th, she was seized with very severe cramps in the legs. For twenty-four hours these cramps succeeded each other almost without intermission, and attended with intense pains in the abdomen, in the loins, between the shoulders, and in the lower members. The arms were as yet unaffected.

On the 27th, a few leeches were applied to the valva, but without any benefit. On the 30th, a warm bath was prescribed, to modify the cramps, which had assumed a very painful intensity. As soon as the patient touched the water she fell into a lethargic stupor, which continued in the bath, lasted several hours afterwards, resisted the most energetic peripheric excitation, and did not yield, except for a moment, to the action of cold affusions. As soon as she was left to herself she fell again into the same state. During this sleep, her countenance was calm, her skin very red, and her limbs completely relaxed. Little by little, the lethargic symptoms passed away; but some weeks later, and subsequently to another bath, they returned, with increased power. For seventy-two hours, without interruption, the stupor obstinately resisted every effort, and was undisturbed even by cold affusions. It was noticed that as the first lethargic attack had passed off, her lower limbs became rigid, though she did not perceive it, and attributed to weakness the difficulty she experienced in walking.

Towards the end of January, the attempt was made to get her to

take a few steps, while she was supported by the arms; but her legs were as if of one piece, and the joints were immovable. Scarcely had her feet touched the ground, when she fell suddenly into a profound stupor, during which all the muscles were in complete relaxation; except those of the inferior members, which continued the seat of a contractile rigidity of the strongest kind. The legs were rigid, and were extended against each other; the knees were strongly pressed together, and the thighs were adducted. The arms, a few days afterwards, became the seat of a similar rigidity, which instantaneously yielded to Faradization, when the current was passed from one hand to the other. rigidity of the legs, however, was unaffected by this treatment. very morning on which this contraction was permanently established the lethargy passed away, as if there had been a sort of antagonism between these two opposite states. For five months this rigidity of the legs continued, in spite of the most energetic use of cold baths, electricity, and other remedies; while the dyspeptic symptoms were unaffected by nux vomica, eau de Vecky, (natural,) and bitter tonics. The remedial impotence of all the means successively employed seemed to show that the subsequent recovery was spontaneous, when, a year later, the involuntary innervation abated, the will triumphed. and the patient got well.

At the age of thirty years, Miss K's maternal grandmother had been seized with a similar attack, which terminated in anchylosis of the knees. This result in the present case was to be apprehended. and would inevitably have, had not an occasional intermission of the rigidity been obtained for making passive motion. To produce this muscular resolution, inhalations of chloroform were employed, and were at first attended by singular nervous excitement, which would have deterred the physician from further attempts, had he not been convinced that this was the last recourse, and that boldness was a In the course of two or three minutes a phreno-glottic duty. spasm came on, with an arrest for an instant of respiration, as if the muscles presiding over that function had assumed a convulsive rigidi-Since, however, the pulse was still unaffected, the dose of ty. chloroform was increased, and the usual anæsthetic slumber was at length obtained. As soon as the muscular resolution permitted, the legs were flexed upon the thighs. Some resistance was perceived, which was due, most likely, to the lesion of those soft, plastic products which, in a joint long kept unflexed, are converted at length into fibrous tissue, not admitting of motion. As soon as this resistance

was overcome, the two knees played with the greatest facility. The leg, after several attempts, could be bent so as to touch the posterior aspect of the thigh. The anæsthetic sleep finally assumed the characteristics of lethargy.

The ordinary means for hastening the return of consciousness in anæsthesia were employed, without effect. Cold affusions evidently contributed to promote it. In proportion as the action of the chloroform ceased, rigidity returned to the lower members; and when consciousness was completely restored, the legs assumed their original muscular tension. Recourse was had frequently afterwards to this means of enabling passive motion to be made, in order to retain the integrity of the joints, until the spontaneous cessation of this strange muscular rigidity should restore the patient to health.

During the twelve months in which this muscular contraction continued, with scarcely any change, the knees were so closely pressed together that a soft cushion had to be interposed, to prevent excoriations, and the possible formation of eschars. At this period, the muscles of the thighs and legs were much diminished in size, and seemed to lose a little of their rigidity. Less pain was produced by efforts to separate the two members, and it seemed as if the will was resuming its sway over the muscles, dominated over so long by the tonic spasm.

Some months afterwards, by persevering efforts, the knees were slightly flexed without the aid of chloroform. Then the muscles surrendered entirely. This contraction was, however, replaced by a semi-paralytic condition, which extended to the muscles of the spine, but slowly diminished under the influence of friction, shampooing, electricity, and sea-bathing. At present, (April, 1860,) the patient can almost walk alone. A marked change is produced in her general condition, and there is every reason to anticipate that these persistent and distressing symptoms will leave no permanent mischief behind them.

One of the most remarkable features of this case is the long continuance of the symptoms. Tonic spasms are well known to be more rare in hysteria than clonic spasms; but fugacity is usually one of their characteristics, and the perverted innervation soon spends its force, and passes away. Whole limbs are also very rarely affected with permanent contractions. Briquet, in his recent work on hysteria, records two somewhat similar cases. In one, there was a hemiplegic contraction, which lasted several weeks. In the other, the

lower limbs became rigid, and even chloroform failed to relax them. Had this anæsthetic, however, been applied in a manner sufficiently active, and sustained, the muscular contraction might probably have been for a time interrupted, as in the case of Dr. Fonsagrieve's patient.

Another suggestion is, the importance of passive motion in all cases where the joints are kept in one position. Surgeons often err on this point, and troublesome anchyloses result, which sometimes last through life. But for the care and intelligence of her physician, Miss K. would probably have lost the power of flexing her kneejoint, as did her grandmother, who was bedridden from this cause for thirty-two years.

# SELECTIONS.

Case of Puerperal Convulsions from Albuminuria, in which Chloroform was Successfully Used, with Remarks.

By CHARLES A. LEE, M.D.

Mrs. F. T., aged 21, of very small frame and feeble constitution, was taken with labor-pains with her first child, May 4, 1860. several weeks presented a very leuco-phlegmatic appearance, her face swollen and of almost an alabaster color, feet and ankles also swollen, otherwise apparently healthy, although troubled more or less with headache. She was able to take exercise, and the day before she was confined she walked nearly a mile. On examining the urine, it was excessively loaded with albumen, containing by far the largest amount I have ever found in any case whatever. Fearing convulsions, I had procured a quantity of pure chloroform, of Squibb's manufacture, and used it in moderation for three hours before delivery, and giving it during the few last pains to the extent of producing complete uncon-Labor-pains commenced at 7 o'clock, A. M., and delivery sciousness. took place at 3 P. M. It was given throughout in quantity sufficient to produce perfect tranquillity, applying it as soon as the first indications of a pain were perceived, and withdrawing it when over.

Several times before the labor was completed, there were indications of approaching convulsions, such as turning up of the eyes, contractions of the hands, and involuntary twitchings, which were at once removed by the inhalation of a small quantity of chloroform. There was but very slight discharge of blood on delivery of the after-birth,

certainly not more than four ounces altogether; the placenta having been spontaneously detached, was removed about half an hour after the child was born. The patient, on awaking a few minutes after the expulsion of the child, was surprised and gratified to find that all was over, and expressed herself as perfectly comfortable. After remaining about an hour, I left to visit some other patients, and on my return in an hour and a half after, found that she had had two very violent convulsions: the first about half an hour after I left the house. came on suddenly, without any warning or premonitory symptoms whatever, and lasted two or three minutes. Soon after entering the room another very severe convulsion occurred, which was followed in an hour by another, and in the course of the next twelve hours as many as ten more. Having employed the usual means, with the exception of bleeding, general or local, and the fits increasing in severity and frequency, I procured a quantity of pure chloroform, and stationed myself at the bedside, which I scarcely left for the next forty-eight The patient, I should have stated at first, retained her consciousness between the fits, but latterly remained perfectly comatose, and could not be roused. The convulsions were of an epileptiform character. During the attack, the face was distorted by spasmodic contractions, the pupils dilated, the eyes agitated and turned upward, the tongue protruded, and the under jaw closed with such violence that the tongue was badly bitten before any precautionary measures were taken; all the muscles of the body seemed thrown into violent and irregular action; the limbs jerked in all directions, and it seemed as if every joint would undergo dislocation. The expiration was irregular, the pulse very frequent and feeble. The paroxysms fortunately were not of long duration, the longest not exceeding five minutes.

After commencing the use of the chloroform but one paroxysm occurred, and that was during my absence from the bedside. About half a minute before the convulsion began, some premonitory symptoms appeared, such as turning up of the eyes, grasping or contraction of the hand and fingers, closing of the teeth, and slight general agitation. As soon as these symptoms appeared, about a drachm of chloroform was applied to the mouth and nose on a handkerchief, and two or three inspirations were enough to cause entire relaxation, and a removal of all the threatening symptoms. The control exercised by the chloroform over the morbid condition, or exciting cause of the paroxysms, was perfect and complete; nor was the

pulse rendered more frequent or feeble in consequence of its use. The vital functions were all carried on with regularity. Its use was discontinued as soon as the threatening symptoms above mentioned disappeared, which was about forty-eight hours after delivery. On examining the urine at the end of that time, it was found to be free from albumen.

The patient remained wholly unconscious all this time, and for nearly as long a period afterwards. The pulse most of the time ranged from 150 to 180 in a minute, much of the time too feeble and frequent to be counted; it, however, gradually came down, so that by the fifth day after delivery it was but 120. Life was sustained by giving essence of beef, brandy, carb. ammonia, wine, &c., at regular intervals. It is now twenty-two days since her confinement, and she is progressing as favorably as could be desired; sitting up a good part of the day and nursing her infant, which has gained two pounds since birth. In all, about fifteen ounces of chloroform were used.

Remarks.—No reasonable person, I think, can doubt for an instant that chloroform was the means of saving life in the instance above related: after all other means had entirely failed, life nearly extinct, the paroxysms becoming more and more frequent, and all hope of saving the patient nearly abandoned, the anæsthetic powers of chloroform were called into requisition, and with absolute and perfect success. It seemed to be the agent expressly made for just such an emergency; for it met most fully and satisfactorily all the indications of the case, and rescued the patient from the very jaws of death. reason to believe that it prevented an attack of convulsions before parturition was completed. There were all the premonitory symptoms of a paroxysm present, the same as preceded the fits after delivery; but on the prompt use of chloroform they instantly disappeared; and this fact, taken in connection with its effects in other similar cases, makes me doubt very much the propriety of the rule laid down by Professor Henry Miller, of Louisville, (The Principles and Practice of Obstetrics, Philadelphia, 1858, p. 518,) in such cases, as follows:

"From the very nature of the disease, and the circumstances in which its attack is made, we should expect that there can be no security for the mother except by delivery, originating in the peculiar condition of the womb during parturition; nothing but a total change of this condition, such as delivery brings about, can be expected to put a stop to the convulsive paroxysms.

"With every returning uterine contraction, the equilibrium of the circulation is disturbed, and irritation is propagated anew, from the cervical nerves to the true spinal system, and thus the disease must be kept up, in spite of all the resources of ordinary therapeutics. This is, in effect, admitted, by the most sanguine advocates of the lancet, even by Gooch and Dewees, who advise delivery by the forceps, as soon as it is practicable. Now I go a step further, and contend that, where the mother is placed in the fearful jeopardy supposed in the outset of these remarks, it is lawful, nay, it is our imperative duty, to deliver by craniotomy, whether we have complete assurance of the death of the child or not."

In the first place, it may be remarked that it is an entire assumption, unsupported by any known facts, that the cause of puerperal convulsions consists "in a peculiar condition of the womb during parturition." There is no subject in regard to which greater discrepancy of opinion exists than that of the remote and proximate causes of puerperal convulsions. Scarcely any two writers have expressed the same opinions. A very common opinion among medical men is, that the principal exciting cause is congestion of the cerebral vessels, or pressure on the brain, while Dr. Collins thinks we are quite ignorant as yet of what the cause may be.—(Treat. on Midwifery.)

Puerperal, like all other convulsions, may be centric or eccentric. and the stimulus mechanical or emotional. The centric causes may be intra-vertebral, or intra-cranial, or both. Pressure on the brain from fullness of the vessels, a clot of blood, or collection of serum, may, by counter-pressure on the medulla oblongata, cause convulsions. So. also, similar causes acting on the spinal meninges and medulla produce the same effect. In like manner, an opposite condition: a want of a proper supply of blood to these cases of fatal uterine hæmorrhage, or in animals bled to death. But the most important and most frequent of all these causes is the constitution of the blood. becomes changed from its normal condition, during utero-gestation, by the imperfect depurating action of the secretory and excretory organs. caused chiefly by want of proper exercise, and the mechanical pressure of the gravid uterus on the intestines, the renal vessels and nerves, and the kidneys. The blood, moreover, does not undergo thorough oxygenation, from the pressure upward, preventing the free action of the diaphragm. But chiefly does the blood become a morbid stimulant to the spinal system, in consequence of the loss of albumen by the urine and the retention of the urea and other salts in the blood, caus-

ing the now well-known affection albuminuria. We have no accurate statistics showing the proportion of cases of convulsion dependent up this condition of the blood, but it is very safe to say, that in a verset majority, especially of primipara, it is the exciting cause. Thus. Pr. Lever remarks, "I have carefully examined the urine in every case of puerperal convulsions that has since come under my notice, both in the Lying-in Charity of Guy's Hospital and in private practice, and In every case but one the urine has been found albuminous at the time of I further have investigated the condition of the urine I upward of fifty women, from whom the secretion has been drawn du Ting labor by the catheter; great care being taken that none of the vaginal discharges were mixed with the fluid; and the result has been, that in no cases have I detected albumen except in those in which there have been convulsions, or in which symptoms have presented themselves which are readily recognized as precursors of puerperal fits:" and "this has been confirmed by numerous writers on this subject, as Simpson, Legroux, Blot, and others." That the mechanical pressure upon the kidneys, by causing congestion of these organs, is the cause of albuminous urine, can scarcely admit of doubt, inasmuch as this condition is met with most frequently in primipara, and disappears in two or three days at furthest after parturition. evidence whatever to show that it is dependent in such cases on granular degeneration, as has been maintained by some.

It is evident that the depuratory actions of the kidneys should be active during the puerperal state, in order to eliminate the debris of the feetal and maternal system, and thus preserve the health of the mother. It is no less evident that the causes already mentioned tend to impair the excretory functions, and produce that condition of the circulating fluids, as to predispose to, or excite convulsive action. regarding the state of the blood circulating in the spinal centre as the most frequent cause of puerperal convulsion, we do not deny the influence of eccentric or reflex causes in certain cases, such as irritation of the uterus itself, and the uterine passages; irritation of intra-cranial excitor nerves; irritation of the ovaries; of the intestinal canal, the stomach, the bladder, and possibly the cutaneous nerves, though several of these causes may act together, and centric and eccentric causes be combined in producing the result. In some cases, it may be difficult to decide which are the remote and which the exciting causes: or, whether the same cause may not be both predisposing and exciting. But in either case, I believe it will be found that chloroform is, in a vast majority of cases, the sheet-anchor of our reliance.

In the case which I have briefly sketched, the prognosis was nearly hopeless. The patient was of very feeble constitution, very slight frame, a highly nervous temperament, the urine loaded with albumen, and she had lost a brother of the age of 14, a few months previously, of albuminuria. I am fully aware that, as a general rule, it would not be safe to rely on a single case for guidance in the management of this dangerous affection; but I was too much gratified with the action of chloroform in this case, and I think it well worthy of being communicated.—American Journal Medical Sciences.

## Clinical Report of a Case observed at the Charity Hospital— Session of 1859-60.

By Austin Flint, M.D., Prof. of Clinical Medicine and Medical Pathology, N. O. School of Medicine.

EMPYEMA AND OPERATION FOR PARACENTESIS THORACIS.

Case. — Empyema.—John Schrimp, aged 23, German, admitted Dec. 13, 1859. This patient was admitted in the evening, and not seen by me until the following morning. He suffered greatly from dyspnœa during the night, and was unable to lie down. At the time of my visit the respirations were very frequent and labored. The countenance of the patient expressed extreme anxiety and distress. The lips were deeply cyanosed. The pulse was very frequent and feeble. Slight exertion occasioned so great increase of the dyspnœa that the patient seemed about to die by apnœa. The patient stated that his illness had been of only fifteen days' duration.

On examination of the chest, the left side was everywhere dilated and nearly motionless, the respiratory movements of the right side being exaggerated. The left side was universally flat on percussion. Feeble respiratory murmur was heard at the summit, behind, on the left side, and extended downward over the whole interscapular space. Elsewhere on that side there was no respiratory sound. On the right side the respiratory murmur was vesicular and exaggerated. The apex beat of the heart was felt on the right side below, and to the right of the nipple. There was no cardiac friction sound. The intercostal depressions on the left side were abolished: they were distinct on the right side.

It was evident that the life of the patient could only be saved by the operation of paracentesis; but as he appeared to be nearly moribund, I hesitated somewhat to puncture the chest, lest he should die during the operation of withdrawing the liquid. I concluded, however, to re-

sort to it without delay. A small trocar was introduced just below the lower angle of the scapula, and the canula attached to a flexible tube connected with a double-suction pump, adapted to this purpose, as proposed originally by Dr. Wyman, of Cambridge, and employed, within the last few years, in a large number of cases reported by Dr. Bowditch, of Boston. * Three quarts of purulent liquid were withdrawn from the chest without difficulty. The operation caused so pain. The removal of the liquid occasioned no inconvenience except from slight cough. The canular was removed when the patient began to complain. The patient at once expressed great relief of the dyspnœa, and his condition was evidently improved. On examination of the liquid microscopically, the field was found to be crowded with pus corpuscles. After the operation the heart was found to have moved a couple of inches to the left, but still beating to the right of the sternum. The respiratory murmur at the summit of the left side was more developed, but was still very feeble.

A few hours after the operation the skin became hot, and the pulse developed, beating with considerable force—120 per minute. The petient was able to lie down on the affected side. He took nourishment and milk punch. Half a grain of the sulphate of morphia was given at night. He passed a comfortable night.

On the following morning his aspect was improved, and he reported much better. The skin was cool. The pulse was 130 and feeble; the respirations 56. He took nutriment with relish. The lips were still livid, and the hands deeply congested.

Physical examination showed the left side to be still filled with liquid. Flatness on percussion on this side was universal, with absence of respiratory sound, save a feeble, low, indistinct murmur behind, in the interscapular space. The heart's beat was on the right of the sternum. The treatment directed was the haustus quiniæ of the hospital, with milk punch, nutritious diet, and at night the sulphate of morphis.

At evening of the 21st I removed, in the same way as on the 19th, two quarts of pus. When this quantity had been withdrawn it ceased to flow, as I supposed at the time, from obstruction of the canule; but, as I afterwards concluded, because there was little matter remaining above the level of the puncture. In the morning, prior to the opera-

^{*}Vide Am. Jour. of Med. Sciences, April, 1852. Instruments designed for this purpose, and also to serve as a stomach-pump, and for enemata, are maxufactured by Tiemann, of New York.

tion, the respirations were 56, and the pulse 130. After the operation the respirations fell to 40, and the pulse to 120. On the following morning the pulse was 110, and the respirations were 40. He had passed a comfortable night.

On examination of the chest on the 22d, I found vesiculo-tympanitic resonance at the summit of the left side, extending as low as the nipple, with weak vesicular murmur and feeble vocal resonance. The heart's impulse was nowhere felt, but the sounds of the heart were loudest over the lower part of the sternum, to the left of the median line. No cardiac nor pleural friction sound.

The treatment was continued.

Dec. 23.—The pulse was 116 and the respirations 36. He had slight cough and very small expectoration. He reported very comfortable.

January 2d, 1860.—The liquid had accumulated so that it was deemed best to puncture the chest again. Thirty-six ounces of pus were withdrawn by means of the syringe, as before. The respirations were 40, and the pulse 128. The treatment continued to be milk punch, with nutritious diet, and the syrup of morphia, pro re nata.

Jan. 12.—Since the preceding date the patient had been able to be up and dressed and to walk about the ward. The liquid had again accumulated so as to nearly fill the left side of the chest, and push the heart to the right of the sternum. A larger-sized trocar was on this date introduced into the chest, behind, below the angle of the scapula, but no pus escaped. Thinking that possibly I had punctured the lung, I withdrew the canula, but I was afterwards satisfied that the instrument came into contact with thick lymph or false membrane, and carried it forward without penetrating it. The patient complained of some pain, but of no other inconvenience, and the day following he was up and dressed as usual.

Jan. 16.—I punctured the chest again, introducing the large-sized trocar in the seventh intercostal space, about two inches to the left of a line passing vertically through the nipple. Forty-eight ounces of pus were removed. Some trouble was experienced in consequence of the canula becoming frequently obstructed. The canula was left in the chest. Pus continued to escape from it in abundance, but escaping into compresses, it could not be measured. Air passed into and from the chest freely, with the acts of respiration, giving rise to an amphoric sound when the tube was open, which ceased when the tube was closed. Metallic tinkling and echo were also observed.

Jan. 18.—The tube was removed, the opening into the chest enlarged with the scalpel by my colleague, Professor Choppin, and a tent of lint introduced. It was determined to make a permanent fistals in consequence of the repeated reaccumulation of pus, and the difficulty in removing it by means of the suction-pump at the last operation.

Jan. 23.—On removing the tent twenty-four ounces of pus escaped. It has become very feetid since the permanent opening was made into the chest.

Feb. 4th —The opening into the chest is maintained by the daily introduction of a tent of lint, the aperture being allowed to remain open for some time for the escape of pus. When it remains open the discharge is considerable, and the pus is constantly escaping. The quantity of the discharge cannot be determined, but it is much less than it was a week ago. It was quite feetid.

The patient is daily up, dressed, and about the ward. He has seen codema of the feet.

Feb. 15.—Another opening was made by Professor Choppin, at the lower part of the chest. A small quantity of factid pus escaped through this new opening.

Feb. 22.—The quantity of discharge from the two openings was small, and the patient appeared to be rapidly improving. The heart sounds had their maximum between the left nipple and the sternan. There was dullness on percussion over the whole of the left side, and the respiratory sound was feeble, but not bronchial in character. The first opening was made in the seventh intercostal space, about two inches without the nipple; the second opening was two inches lower, and about three inches to the left of the spine. The left side was much contracted, and the respiratory movements notably less than on the right side.

March 28th.—The patient had progressively improved. His aspect was better. He reported feeling quite well. The cedema of the feet had diminished. The cough was only occasional, and without expectoration. Pus continued to be discharged at both orifices in the chest; but the quantity had greatly diminished. It was now small, and the feetor was less. He was up and out of doors all day. His appetite and digestion were good.

The treatment all along consisted mainly of alcoholic stimulants and good diet, with the syrup of morphia occasionally. Of late the circute of iron and quinia had been prescribed.

On the 29th my hospital service terminated, and the condition of the patient, subsequently, has not been ascertained.

Remarks.—The patient in this case was rescued from death by the

operation of paracentesis. The embarrassment of the circulation and respiration was such that the case must have terminated fatally in a short time had the operation not been performed. The suffering and danger were due, in a measure, to the rapidity with which the chest had become distended with pus.

The withdrawal of the liquid by means of a small canula attached to a double-suction pump has these important advantages:

- (a.) The operation is a trivial one. The pain caused by the puncture is slight. Dr. Bowditch claims that it is a medical rather than a surgical operation, in this respect holding the same place as venesection. If the small trocar were to penetrate the lung, it would do no harm. This has occurred under Dr. Bowditch's observation, and no unpleasant results followed. It is therefore to be preferred, without reference to its other advantages, if the practitioner be doubtful as to the diagnosis; but this doubt can arise but seldom if the practitioner be tolerably conversant with physical exploration, for the signs of liquid in the chest are generally well marked. The trivial character of the operation is such that it may be repeated as often as may be required. After the first operation the patient has little or no dread of it.
- (b.) The introduction of air into the cavity of the pleura is prevented. The injury produced by the contact of air with the inflamed pleural surface has, doubtless, been much exaggerated. Perhaps no harm whatever arises from this source. But air in the chest occupies space, and is an obstacle to the free expansion of the lung. A greater evil is, it leads to chemical decomposition of the purulent matter in the pleural cavity, giving rise to fcetor, and rendering the liquid a source of irritation to the inflamed membrane.
- (c.) The liquid can be withdrawn as slowly as may be deemed advisable, and the quantity withdrawn at a single operation can be easily regulated. If the compressed lung do not expand readily to fill the space left by the removal of the liquid, the patient suffers pain, the chest becomes contracted in proportion to the non-expansion, and perhaps the inflammation is liable to be renewed or increased by the sudden rupture of pleuritic attachments which may have been formed. In performing this operation, I have adopted a rule to stop when the removal of the liquid occasions distress. This rule probably precludes any risk of injury from the removal of too large a quantity at any single operation.

This case being one of empyema, the propriety of on operation for paracentesis does not admit of question. Whenever the chest on one

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side is filled with purulent liquid, the prospect of its being carried a way by absorption is too slight to be considered. If not removed by an operation, and the life of the patient continue, perforation of the cheek will be likely to take place, and the pus escaping through the aperture causes a fluctuating tumor which increases in size, and if not operad by the scalpel, at length opens by ulceration. Several instances of this kind have fallen under my observation. If the lung be free front disease, a cure under these circumstances may be looked for. Occasionally perforation of the lung takes place, and the pus is discharged through the bronchial tubes by expectoration. The spontaneous evaluation of the chest in these modes shows that in performing paracentesis in cases of empyema we imitate the curative processes of nature.

It is the purulent character of the liquid which renders the propriety of the operation in empyema unquestionable; but how is it to be determined before the operation that the liquid is purulent? This can only be determined positively by withdrawing a sufficient quantity for examination; and it is important, therefore, whenever it is derirable to settle the question, to puncture the chest with a small exploring trees, with reference to the diagnosis.

The operation of paracentesis, performed with the trocar and syringe. proved to be not sufficient to effect a cure in this case. after each operation, again accumulated, and, at length, difficulty was experienced from the thickness of the liquid and obstruction of the canula by portions of lymph. This mode of performing the operation in empyema will rarely suffice, in consequence of the difficulty of absorption and the constant formation of pus. After withdrawing, by euccessive operations, from twelve to fifteen pounds of pus, it was resolved to make a permanent and free opening into the chest, in order that the pus might be discharged as fast as formed. Subsequently, a counter-opening was made at the bottom of the chest, to prevent a depot of pus below the level of the first opening. It has lately been propesed by a writer in the London Lancet, whose name I do not recollect, (and I am unable at the time of writing this article to refer to the Journal,) to make two openings into the chest in cases of empyems, and to resort to the plan of "drainage," by introducing through the two openings a perforated caoutchouc tube. The first opening having been made as low as it is deemed advisable to puncture without risk of wounding the abdominal organs, a bent probe, introduced into this opening, comes to the bottom of the pleural sac, and then made to press forward against the walls of the chest, will indicate the point

where the second opening is to be made. The writer referred to reports two or three cases in which this plan of treatment proved successful.

Injections into the pleural sac have been deemed beneficial. These may consist of simple water, with the view of cleansing the sac, or of a medicated liquid, in order to correct the fætor of the discharge and modify the inflamed surfaces. A weak solution of iodine has been used for the latter purpose by Dr. Aran, of Paris, and Prof. Brainard, of this country. I cannot speak of their utility from my own observation, but it is quite reasonable to expect from them beneficial results.

The prognosis in the case now reported, at the time when my service at the hospital ended, was favorable. The patient was improving in appearance and strength, and the discharge from the chest had much diminished, and was progressively diminishing. The symptoms and physical signs rendered it probable that no pulmonary disease existed—a point having an obvious bearing on the prospect of recovery.—N. O. Med. News.

#### **OUACKERY.**

"An arrest was made on Saturday last of Dr. J. E. E. Ealing, recently arrived in this city and advertising for practice as an aural surgeon, under a provision in the act of incorporation of the Medical Society of the District of Columbia, which disallows persons from abroad to practice medicine or surgery in the District unless such persons have received a diploma to that effect from some recognized school here or elsewhere. The case was brought before Justice Meyer, on Eighth Street. One of the witnesses in the case was Dr. J. F. May, who identified Dr. Ealing, alias Elliott, as a person who operated last winter in Nashville, Tenn., as a corn-cutter and extirpator of bunions and excresences from the feet; that was the whole height and extent of his pretensions in Nashville.

"During the short time he has been in Washington great numbers of persons of every condition in life had applied to him, and large sums of money—in one case five hundred dollars—had been paid him for pretended cures. In answer to a question put directly to the defendant by Dr. May, as to whether he was not the same person who operated as a corn extractor, etc., Dr. Ealing for some time hesitated, but at length answered, 'Perhaps I am.' Mr. James Henderson, who travels with Dr. Ealing as his agent, was also examined by the Justice

confirmatory testimony as to Ealing's traveling with an alias, and his receipt of large sums of money for his so-called cures of deafness. It appears, also, that when in Nashville Dr. Ealing, alias Elliott, publicly claimed 'to belong to the surgical staff of the medical department' of Queen Victoria, and signed himself 'Operating Surgeon to the Queen of Great Britain.' The Justice held Dr. Ealing to bail in the sum of \$1,000 for a second appearance, for which he afterwards took \$300 cash in hand, and kept a watch upon his movements, so as to prevent his escape. But the Justice does not seem to have been very successful, as the rooms at the National held by the Doctor were vacated yesterday afternoon and their occupant could not be found, though much in request by numerous indignant patients who had paid 'in advance.'"—Nat. Int.

### Medical Patents and our National Code of Ethics.

On the cover of the Boston Medical and Surgical Journal, we notice the advertisement of "The Uterine Elevator—Patented January 24, 1860," and invented by John A. Wadsworth, M.D., of Providence, R. I. This advertisement contains the joint certificate of twenty-six individuals with M.D. attached to their names, thirteen of whom have their names also recorded on the list of Permanent Members of the American Medical Association.

Turning to the Code of Medical Ethics of the Association, we find under the general head—" Of the duties of Physicians to each other, and to the Profession at large," and under the special head—"Duties for the support of professional character," the following important clause:

"4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument or medicine, etc." Also: "It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."

Can the inventor of this wonderful instrument, (which requires only to be looked at, to be pronounced the best,) the gentlemen signing the certificates, or the editors of the journal advertising, put their hands on their hearts and say, we do no wrong? For shame on the whole transaction! Will the American Medical Association permit her members thus to violate their first great duty to her?—N. O. Med. News.

### HIGH OPERATION FOR STONE.

[Having, in a former number, published some strictures on this subject, in connection with Dr. J. R. Wood's late operation, we now insert his own report of the case, that our readers may judge between The cases cited are singularly unfortunate in their detail and in the result, nor do the statistics given furnish any pretext of justifica-Dr. Krackowitzer's three cases were all fatal; one in nine hours, One of Dr. Parker's cases lived four and another in twenty-three. days; another lived with a pelvic abscess as a sequence; a third is reported as "result very satisfactory;" while the fourth, according to this record of the operation, was only an escape. Three of Dr. Parker's cases were females, in whom, it seems, he prefers it to other and better operations. Dr. Wood's last case only lived 37 hours, dying of Two other successful cases are here cited by other surgeons, making ten instances of the high operation in this city; a full half of which were fatal.

After the perusal of this paper, and especially the details given by himself, of this late case at Bellevue, we predict that neither he nor any other surgeon will have the temerity to repeat this surgical feat, even on a poor hospital patient; much less will anybody propose it in private practice. Nothing can justify it in females; nor in adult males, unless the size of the stone in the latter forbids its possible removal otherwise, and lithotripsy be also impracticable. It may be easier for the surgeon, but the chances of death to the patient are too imminent, compared with either of the other operations.]

# A Case of Stone in the Bladder—High Operation—Unsuccessful Result.

By James R. Wood, M.D., Surgeon to Bellevue Hospital.

The high or supra-pubic operation for calculus of the bladder is not often practiced at the present time, and it is rare that any surgeon selects it in preference to the lateral method. In certain cases, however, it is still preferred by many surgeons; as in lithotomy in the female, and in children; while in some cases, as where the stone is very large, the prostate greatly enlarged, or other peculiarity renders the lateral operation difficult or impossible, the supra-pubic method must necessarily be adopted.

In the following case the high operation was decided upon, after consultation with my colleagues, on account of the existence of a greatly enlarged prostate, and the remains of an old stricture. The notes

have been kindly copied from the Hospital Records, by Dr. Eugene. Peugnet, house surgeon:

Ward 17. Male Bed 11.—David Gibson, æt. 58: Ireland; weaver; married; temperate in his habits; bad constitution. Admitted Feb. 20th, 1860. (Service of Dr. Jas. R. Wood.) - About four years since patient was treated, in private practice, for chronic cystitis and stricture of urethra. At that time there were two strictures distinctly perceived, one in the membranous portion, and the other in the prostatic portion of the urethra, directly behind the triangular ligament. was also a false passage situated anterior to the first stricture. prostate was very much enlarged, measuring about two inches laterally; a No. 5 sound being at that time passed with great difficulty. The urine, which was examined from time to time, contained abundance of triple phosphate, pus, and viscid mucus, together with albumen dependent on the blood. The patient occasionally passed small crystals of triple phosphate, which caused him a great deal of pain, particularly when passing the seats of the strictures. Patient had never contracted gonorrhea, but in his early youth had been accustomed to ride a great deal upon horseback. At the date of admission his general health was poor. The strictures had been somewhat relieved, and a No. 10 sound could be passed with difficulty, though the patient had still considerable difficulty in urinating, the use of the catheter being frequently necessary. On further examination, a calculus was discovered in the bladder. The prostate measured about three inches laterally. The patient complained of considerable pain in the small of his back. On analysis and microscopical examination of the urine, it was found to contain pus, mucus, and triple phosphate, together with albumen and blood.

April 7th, 2 P. M.—Patient was put under the influence of an anæsthetic with difficulty, by Dr. J. J. Crane, there being a remarkable muscular rigidity, and the bladder having been injected with zxiv. of tepid water, Dr. Jas. R. Wood, assisted by Drs. Parker, Buck, and C. T. H. Meier, proceeded to perform the high operation for stone. The Doctor first made an incision three inches in length just above the pubes, in the median line, successively dividing the abdominal layers, down to the bladder, and going through the linea alba. The organ being very readily exposed, it was seized with a double hook and drawn downward by Dr. Meier, the lips of the wound being separated and the peritoneum held back by Dr. Parker. Dr. Wood then cut into the bladder and introduced his finger in order to ascertain the

position of the stone, and then extracted it from the bas-fond of the bladder with a small pair of calculus forceps. The stone was about the size of a pigeon's egg. At this stage of the operation a portion of small intestine protruded. They were returned without difficulty. The ruptured peritoneum, together with the transversalis fascia, which was loaded with fat, was secured by two silver sutures, and the wound in the bladder by two more. The external wound was closed and the edges held in apposition by two more silver wires, a compress of lint laid over the wound, and a flexible catheter was then introduced into the bladder and held in its position by tapes. Two grains of opium were then administered, and ordered to be repeated every hour, with brandy \( \frac{1}{2} \) ss.

- 4.30 P.M.—Pulse 104. Complains of cold and a good deal of pain and tenderness over the abdomen. Ordered bottles of hot water to be applied to thighs and sides of the patient.
- 6 P. M.—Pulse 104. Patient feels rather more comfortable. 7 P. M.—Ordered carb. ammoniæ, gr. v., and tr. capsici, gtt. xv., every half hour.
- 8.30 P. M.—Pulse 122, and rallying; skin warm; respirations 24; pupil moderately contracted; tongue moist; thirst; considerable pain; urine passing freely through the catheter.
- 11 P. M.—Pulse 120; respirations 24; skin warm and moist; tongue coated white; pupil contracted somewhat; a good deal of pain and tenderness; thirst.

April 8th, 4.30 a. m.—Pulse 100; respirations 24; tympanitis well marked; slight pain.

- 9.30 A. M.—Pulse 133; respirations 36; pupil not so much contracted; considerable tympanitis. Ordered opium gr. ij. every half hour. (The opium taken by the patient up to this time was made into 1 gr. pills instead of 2 grs., owing to a mistake of the apothecary, which is now rectified.)
- 1 P. M.—Pulse 120; respirations 24; patient is somewhat narcotized; extremities cold.
- 4.30 P. M.—Pulse 100, and weak; respirations 32; patient is rapidly sinking.
- 9 P. M.--Patient is unable to swallow his medicines; extremities cold.

April 9th, 3.30 A. M.—Died.

Autopsy eleven hours after death.—Rigor mortis well marked; considerable tympanitis. On opening the abdomen slight evidences of

peritonitis were found, and some old adhesions between the small in-A rupture of the peritoneum was found at its retestine and cœcum. Two silver sutures had been passed flexion from off the bladder. through the peritoneum, which was found to be united. transverse wound of the peritoneum was found at the point where it is reflected on to the abdominal wall, the small intestines having protruded through the larger opening; the bladder was found firmly contracted: there was no extravasation of urine. The coats of the bladder were very much thickened and softened. The kidneys were very much diseased; the right one containing some cysts. Upon opening the left kidney, which weighed about fourteen ounces, a large abscess was found in its lower portion communicating with the pelvis, and containing an ounce of pus. Within the cavity of the abscess was found a large calculus of triple phosphate. Several small calculi were also found in other portions of the same kidney. The liver was healthy. few obsolete tubercles were found at the apex of the left lung. The right lung and heart healthy. The prostate measured about three and a half inches, the middle lobe being much enlarged, about the size of the first joint of the thumb, and ulcerated; two false passages in the membranous and prostatic portion on either side of the stricture.

The high operation has at different periods had its special advocates, and has by them been performed exclusively in a sufficient number of cases to give some valuable statistics. We can refer to the following: Maund lost five in forty operations: Côme, nineteen in one hundred; Cheselden, one in seven; Souberbille, eleven in thirty-nine. Mr. Humphrey, in a statistical article, (Trans. Provincial Med. and Surg. Assoc., vol. 17,) has collected one hundred and four cases, of which thirty-one were fatal, or less than one in three. The following table of the comparative results of the different methods of lithotomy from Dr. Gross's recent excellent work on surgery is very instructive:

Methods.	Cases.	Cures.	Deaths.	Proportion.
Lateral operation,	5,418	4,824	589	1 in 91
Bilateral method,	207	175	32	1 in 615
Recto-vesical section,	83	67	16	1 in 53
Supra-pubic operation,	180	141	39	1 in 4.8

The supra-pubic operation has now been performed in this city at least ten times, and with results much less favorable even than are given in the above table. By the courtesy of the several gentlemen

who have performed this operation, I am permitted to append to my own case brief notices of their cases.

OPERATIONS BY DR. PARKER.—Case 1.—Mrs. L., et. 53, married. The stone was large; operation commenced by injecting the bladder with warm water; incision above the pubes, two and a half inches along the linea alba, cutting down to the bladder; opened the bladder with a pointed bistoury, which was followed by such a regurgitation of fluid through the artificial passage, that the assistant was directed to remove his finger from the urethra, and allow the contents of the bladder to escape; introduced the bresepierre of Baron Heurteloupe through the urethra; raised the fundus towards the external opening, until I was able to reach it with the tenaculum; incision not being sufficiently free. was enlarged; the finger being introduced, the foreceps were readily carried into the bladder, and the stone removed with great ease; operation terminated by closing the upper portion of wound, and leaving lower part open to admit the free escape of urine, or pus, and thus prevent infiltration; patient recovered very rapidly; stone nearly two inches in length, and one and a half in breadth.

Case 2.—Miss M., æt. 53, had a large urinary calculus; made trial of lithotripsy; succeeded in breaking off about one drachm; bladder became inflamed, and in about three weeks proceeded to remove the stone by the high operation; patient was put under chloroform; bladder injected with flaxseed tea; made an incision along the linea alba, and reached the bladder readily; hooked strongly through it by large tenacula, then punctured the bladder with a pointed bistoury, and made an incision about one and a half inch in length; easily removed the stone with nasal polypus forceps; upper part of wound was closed with a suture, the lower being left open for the escape of any discharge; result very satisfactory.

Case 3.—Mrs. E., et. 47, had suffered from stone in the bladder, until she could hardly move about; operated according to the plan laid down in the preceding case, and notwithstanding the amount of disease of the bladder, patient improved greatly, and three months after was comfortable, but had a slight opening above the pubes, from which pus, at times, escaped.

Case 4.—A. W., et. 53, Sing-Sing, symptoms stone in the bladder. Patient, a lawyer, with great nervous development; his system had been greatly overworked in the practice of his profession; had difficulty about the urinary organs for some five years; urine containing pus, blood, and triple phosphate; an examination with a sound revealed

the presence of a stone in the bladder; calculus appeared to be encysted; it was removed by the high operation, Dec. 17, 1857. Patient rallied from the effects of the operation, but in 36 hrs. begau to vomit, sank gradually, and died Dec. 21, (four days after the operation,) from violent and long-continued emesis, caused by inflammation and softening of the stomach, as the autopsy showed. The external wound had healed; no urine came through it, but all flowed by drops from a catheter placed in the bladder after the operation.

OPERATION BY E. NOEGGERATH, M.D.—Case.—S. B., a healthy child until the age of three, when his parents noticed a change in his generally lively disposition; complained of fatigue in the limbs; wet his bed at night, and even his clothes during the day: several physicians pronounced the disease catarrh in the bladder. When called to the case, child was eight years old, and pitiful to behold; his body reduced to skin and bone, with an expression in his face of long-continued and intense suffering. He was constantly wetting his clothes with urine, and supporting his perineum and scrotum with his right hand. This last phenomenon determined me to make an instrumental examination of the bladder, although the skillful physicians who had, in their examination, found no stone, almost satisfied me that there was really no calculus present; after repeated trials, a stone was detected; the high operation was performed in the usual manner, and a very large calculus removed with great difficulty; the boy recovered after suffering from prostatic calculi.

Operations by Dr. Krackowitzer.—Case 1.—John Nelson, born of healthly parents, July 10, 1857. While a baby a few weeks old, had varioloid; since then, has been often sick with diarrhea and bronchitis. About the middle of February, 1859, had symptoms of stone in the bladder; in May, masses, like mortar in consistence and color, passed from the urethra. At that time the parents brought him to the German Dispensary, of the City of New York, (132 Canal Street,) to be treated for catarrhal pneumonia. When he got better of that, under the care of Dr. M. Herzog, he was turned over to the surgeons to be examined for stone. Dr. L. A. Voss found the entrance to urethra blocked up by a substance which, after dilatation of the opening of the urethra, had a cylindrical shape, being about half an inch long, forming a cast of the urethra, of whitish color, resembling mortar. An examination made May 16, with the sound, revealed, without difficulty, a stone in the bladder. All symptoms of pneumonia having

subsided, the operation was performed May 22, 1860. The sensation imparted to the touch by gently squeezing the stone could be compared to nothing better than that of a hard-boiled egg. The patient went on the first three days satisfactorily, but pneumonia set in, of which he died.

Case 2.—R. C., 18 months old; has suffered from symptoms of stone in the bladder from birth; operation Nov. 19, 1859; closed wound of the bladder with the silver wire sutures; great prostration and vomiting from chloroform; rallied after four hours, but grew weaker in the night, and died ten hours after the operation.

Case 3.—D. E. Symptoms of stone three years; operation after same method; Dr. Sims applied the silver suture; did well for six hours, then tenderness and swelling of the abdomen; vomiting; great restlessness; rapid, small pulse; died twenty-three hours after operation.

OPERATION BY HENRY STUART HEWIT, M.D., FORMERLY OF THE U.S. ARMY.—Case.—E. S., aged nineteen; all the rational signs of stone in the bladder: after mature deliberation, determined to select the high operation; ordinary abdominal section was made; the viscus raised upon the point of the retained catheter was secured by a stout suture passed through its coats; the stone was extracted with the utmost ease; the incision in the bladder was immediately closed by four points of interrupted silk suture, inserted with the aid of a sharp artery-needle; patient made a rapid recovery.

### THE DISCOVERER OF ANXISTHESIA.

We are very much surprised to learn from a recent number of a Philadelphia journal, that Dr. W. T. G. Morton, of Boston, has been enueavoring to induce the profession of Philadelphia to recognize his claims as the discoverer of the anæsthetic effects of ether, and that "his efforts have been completely successful, nearly all the respectable members signing the testimonial." And while we were reading the foregoing announcement, here comes from the widow of the real discoverer (Horace Wells, of Hartford, Conn.) a pamphlet containing a summary of the incontrovertible evidence hitherto collected in favor of the claim of Wells, as well as the damning evidence against those who would rob him of his dearest right—and one of whom wears medals around his neck which tell of the iniquity. This pamphlet also announces the fact, that the faithful 'widow is about to appeal to the

highest medical tribunal in the land, the American Medical Association, to corroborate the claim of her dead husband. A holy cause indeed; but if the members of the profession are forestalling the action of the Association by giving testimonials in favor of Morton, on exparte evidence placed before them by Morton himself, hers will be a difficult task. If Morton's claims are just, he wants no testimonials from even all "the respectable members" of the profession in the civilized world. Let him go before the Association like this faithful widow, with the evidence of his claims—not with the "testimonials," the barren opinions of any set of men.

But we have no doubt the widow will carry with her before the Association the impenetrable armor with which she has clothed the claim of her dead husband—the masterly pamphlet of the Hon. Truman Smith, Senator from Connecticut—and the shafts of Morton, Jackson & Co., in striking it, will fall harmless at her feet. Go on, Madam! Professional pride animates the great bosom of that body of men, and they will yearn to keep the wonderful discovery blazoned on the banner of the true sons of Esculapius; but Truth and Justice will also be there, and before these great attributes of man's nature all pride and all prejudice will be dissipated as dew before the summer's sun; and then from the crucible shall you lift the humble name of your lost husband all the more brilliant for the ordeal through which it shall have passed.—N. O. Medical News.

# On the Curability and Treatment of Pulmonary Phthisis and Tubercle.

At a meeting of the Imperial Academy of Medicine, Oct. 15, M. Piorry commenced the reading of a memoir "On the Curability and the Treatment of Pulmonary Phthisis and Tubercle." He did not, however, finish.

"Is the symptomatic collection to which authors give the name of pulmonary phthisis susceptible of cure? This question must be answered affirmatively. But in our day it is not a question of stating whether phthisis, considered as a disease, may be cured, but of determining if tubercles, having their seat in the lungs, are susceptible of being removed, or at least of becoming inoffensive; it is in this point of view that I shall consider the question. For a long time tubercles have been considered incurable. It is our illustrious Laennec who first established the possibility of their cure. I have published numer-

ous observations which put this opinion beyond a doubt. Besides, we have every day examples of cure of certain organs attacked with tubercles, (lymphatic ganglions, vertebræ, articulations, testicles, etc.")

After having established the curability of tubercles, M. Piorry examined the series of means of treatment which rational medicine must oppose to the accidents united under the name of pulmonary phthisis.

"Before all," said he, "the regimen must be regarded as the preservative, palliative, and curative means par excellence. The first indication, in order to combat the tuberculous state, is to nourish the pa-The alimentation ought to be rich and abundant so long as the ingested articles do not produce diarrhea, which may weaken more than the food can repair. In order to reconstitute the blood, to remedy its discoloration or loss of globules, the least irritating ferruginous preparations must be given—as, for example, the iron by hydrogen-save in cases of hæmorrhage or mucous diarrhæa. indication is to evacuate the fluids which may obliterate the bronchise. For this purpose we administer tartar-emetic and syrup ipecac. are still two simple means which have been of extreme utility for several of my patients: the first is the inhalation of the vapor of the infusion of the elder-tree, or the flowers of mallow; the other consists in provoking slowly a very profound or deep inspiration, which is to be followed by a very quick, energetic expiration. This should be so managed by the patient, that the air passing out should carry before it the liquids contained in the air-passages. The first of these means moistens and softens the too thick sputa, and the second provokes its ex-Another pressing indication is to prevent the putrefaction of the secretions in the tuberculous cavities, and to prevent the absorption of the pus or pyoid matter which accumulates in them. It is these matters which, penetrating the circulation, produce hectic fever, night-sweats, and the rapid weakening of the patient. It is to prevent these accidents that it is so necessary to make the patient expectorate, as has been already said. To prevent the putrefaction of the secretions, inhaling of the vapors of alcohol are agents of the first order. putrefied secretions, not only in relation to their absorption, but numerous facts have led me to believe that they produce, by their presence on the gastro-intestinal membrane, diarrhœa, softening, and even ulcerations; it is then extremely useful, in order to avoid tubercular inflammations, that the secretions should be expectorated and by no means swallowed. I have seen diarrhoea arrested when they have avoided the deglutition of expectorated tuberculous matter.

the greatest importance to arrest the evacuations from the bowels and skin, which so much weaken consumptives; but there are extreme difficulties in fulfilling this indication. The only means truly efficacious are, the washing out the large intestine with water by the aid of the irrigator of Esquisier; of preventing, as has been already said, the deglutition of the expectorated matter; of preventing the altered pus from remaining in the cavities and thus causing pyemia, which is soon followed by diarrhœa; of giving but small quantity of drinks, and of choosing among the aliments those which—as albumen, etc.—do not cause, in general, very liquid stools.-Milk for consumptives is an excellent article of food. It does not cause diarrhoa, if care is taken to reduce it one-fourth by prolonged boiling. As to the sweats, the best means of lessening or combating them is to see that the patient is not covered with heavy clothes, and that he breathes a pure air, frequently renewed and properly warmed. Is there any medication which can act usefully on the indurated masses in the divers degrees which surround or repair tubercles? Some thousands of facts collected in the wards of La Pitié and Charité permit me to solve this question. It is no longer doubtful that the preparations of iodine, administered in fumigations. potions or frictions, etc., do modify very advantageously the destructive process of tuberculization. Under the influence of the iodine medication, combined with profound and reiterated inspirations, I have seen tuberculous indurations diminish in extent, the symptoms of the disease amend very sensibly, the appetite return, and the action of the heart increase in force, and the adipose tissue increase. I have seen this relief persist for months and years in certain cases. be avowed that the number of radical cures is very small, and I can only recall a dozen of veritable solid cures. Some persons have opposed the iodine medication in the treatment of phthisis; this is evidently owing to the fact that this precious remedy has not been employed by them in the most advantageous manner. Some have attributed to iodine the production of inflammation of the mucous membrane of the nares, pharyngitis, etc., softening of the tubercles, and the hastening of the fatal end; analogues to those of phthisis, which cease if we stop the remedy. I fear that some may have confounded, from an incomplete diagnosis, the effects of some accidental or secondary complication -such as a pleuritis-with the phenomena the results of the employment of iodine. I have followed my patients with great attention; they have been numerous, and I have never witnessed any such results."- Southern Med. and Surg. Journal.

# EDITOR'S TABLE.

### MEDICAL EDUCATION.

After all that has been professed and written on this subject by leading men in the profession—and this during so many years, and in most of the periodicals in every part of the country-it would seem apparent, from recent developments, that no improvement or reform has ever been seriously entertained, other than in mere sentimental Our oldest men, our ablest minds, our most eminent teachers, have been eloquent in their lamentations over the deplorable degeneracy in our ranks, which they affirm to exist, not merely in the status of modern physicians in the community, but in their lack of qualification, by reason of deficient education and training, to sustain themselves reputably; or to elevate themselves and the profession, by exhibiting superiority over the herd of empirics, which actual merit would enable them to do. These worthy reformers have urged, as the only and all sufficient remedy for this growing degeneracy, the erection of a higher standard of medical education, and the adoption of this course promptly, before the whole land is overrun with ignorant and unqualified physicians. Year after year, have the fathers among us, who are passing away, reiterated their earnest pleas for improvement and reform, but, like CHAPMAN and WARREN, they have died without the sight, of aught that gives hope for the future.

True, we have words, words, words, professions in abundance of a sentimental friendship for reform, and equally sentimental conviction that it is sadly needed. But still, our schools are jogging on at the old pace, without any increase of professorships, of departments, or of requirements for students, above that with which the century began; and some of them are even behind the requisitions which were in force in 1800, sixty years ago! In none of them is any preliminary education whatever demanded, as indispensable to enrollment in /a Any ignorant clown may enter a college by paying medical class. five dollars, and without ever having read a medical book, or indeed any other, at once be transformed into a student of the most recondite and abstruse sciences of the entire curriculum, by simply paying his jees; this qualification being the only sine qua non of regular attendance upon the lectures. Two full courses of four months each entitle even him to an examination for a degree; and if, "by grinding or stuffing," he can squeeze through, what is too often a mere formality, he has only to show his tickets in proof of two full courses, and make it appear that he has been nominally the student of somebod—for three years, and on paying for his diploma, he is dubbed M.D and becomes the coequal of his professors—and this often when he ignorance of mere letters will anywhere "write him down an ass."

No sooner does any authority among us venture to propose anpractical measure of reform, than "there is a lion in the path." it urged that preliminary education of some kind should be demand of every student, before admission into any medical college? practicable!" "insurmountable difficulties," becomes the cry, and present pudor! even Medical Journals, edited by Professors, echo it, by ca. I ing such reforms so "radical" as to "destroy all hope!" The same hostility is betrayed to every proposed improvement by the represera t atives of the colleges, whose pecuniary interest must of course suffer. unless every possible encouragement is given to multiply medical strdents and increase their classes. To exact preliminary educationa longer term of study—an extension of the college courses—a fall clinical course, and an examination by other than the teachers, are all measures of reform admitted by the whole profession to be necessary. if any improvement is effected; and yet, to each and all of these, the same parties cry "Radical," "impracticable," &c , for "by this craft we have our gains."

We speak plainly, because we feel deeply, that unless preliminary education be made an indispensable prerequisite, before any medical student can be enrolled anywhere, our profession is else hopelessly degraded; and when ignorance is in the ascendant, as it soon must be in the ratio of increase, no line of demarcation will separate between the profession and quackery.

But this identical reform must come, and it is only a question of time. Let our Army and Navy Boards of Examiners continue to do their duty, by annually rejecting scores of the graduates, fresh from the colleges, who become candidates for the post of surgeon to the soldiers and sailors of the military and naval service of the government. Let it be proclaimed that these rejections are often based on the ignorance of these graduates of the first rudiments of elementary knowledge in their mother tongue, for lack of preliminary education; and still oftener on their deficient knowledge of the simple practical and clinical matters incidental to the every-day experience of every medical man in any sphere of practice. Such are the facts of the case, upon which improvement and reform are demanded. And ere long the public voice will echo the appeal now urged by the great

body of the profession, for a higher standard of preliminary education, a longer term of study, greater opportunities for elementary and preparatory training, more thorough instruction in the complex departments of modern science, and a systematic course of clinical teaching. Nothing less than this will come up to the imperative demands of the profession upon all the schools. And that college, whether new or old, which will honestly respond to these demands, wherever it may be located, will not fail to be supported by acclamation, students will soon flock to its class-rooms, and its diplomas will be honored everywhere, so soon as its status in favor of Reform shall become known to the mass of the profession, who are the private preceptors.

Very much can be done to advance this desirable improvement, if all the physicians of the country will at once act in concert, by refusing to enroll any students as private pupils in their offices, or countenance their attendance upon lectures anywhere, without an adequate preliminary education. Still more may be done by increasing the number and elevating the character of Preparatory Schools, and by insisting that a course of instruction in these shall precede the matriculation of any student in a regular medical college. In this way the profession of the country may, by combined action, keep out of the colleges a moiety of the annual classes, by delaying for a year or two their attendance upon the regular lectures, and until preliminary education has been acquired, and the elementary branches learned in preparatory schools. Let this course be adopted until some college shall leave the beaten track, abandon the stereotyped courses of four months with seven professors, require a liberal preliminary education at the expense of smaller classes, and provide for ample clinical and practical teaching, recognizing professors for the purpose in every hospital.

If any twelve competent men will organize, on the basis of any New York Medical College, such a school as the wants of the age and the exigencies of the profession now call for, Ichabod would soon be written on the portals of the schools here and elsewhere which now boast of their large classes, while filling the profession with ignoramuses, and degrading our noble calling.

The University of Edinburgh has founded a new degree, for those Bachelors of Medicine who qualify themselves to be surgeons only. Its title is C.M., or Master in Chirurgery.

# The Archbishop and City Inspector—Registration Law for Marriages and Births—The N. Y. Daily Times.

Our readers will remember a brief article in the July number of the GAZETTE, in which we took the ground that the present Registration law, being in conflict with the common law of the land, could not be enforced, and must be amended. We defended Archbishop Haghes in refusing to report his marriages, as called on by the City Inspector to do, believing him to be clearly right; and we sustained those physicians who decline to report their births, and we hinted at the reasons which justified this seeming resistance to official authority, and gave impunity to their alleged offence. Nor can it be forgotten that we dwelt upon the obligation of professional secrets being kept inviolably, both by clergymen and physicians, whenever the concealment of marriages or births were placed in this category, by the circumstances of the parties.

No one objects to reporting numerically, so that all the statistics might thus be gathered; but when names, dates, &c., are demanded, the attempt at registration is a farce, and the aggregates whelly unreliable for comparison, as has been already proved by the experiments made with the present law. Not a moiety of either clergymen or physicians will ever make any report under this law.

The reprobation of the Archbishop, for refusing to report, by the public press, was uttered in blissful ignorance that very many Protestant clergymen withhold their reports for the same reasons, and that a vast majority of physicians decline to report births on similar grounds.

Our article on the subject has called forth the following editorial caricature in the *New York Times*, and we give the writer the full benefit of it by inserting it here, so that all who have read the notice in the GAZETTE, may see the disingenuousness and sophistical casuistry of our critic.

From the New York Daily Times.

### Medicine versus Law.

The Sangrados have come to the rescue of the Archbishop; the doctors of medicine second the doctors of divinity in breaking the law. The AMERICAL MEDICAL GAZETTE, usually one of the most conservative of journals in medicine and politics and in social ethics, openly proclaims that Archbishop Hughes does right to flaunt his opposition in the face of the Municipal authorities. The GAZETTE tells "the flippant editors who pitch into the Archbishop, that the first attempt to enforce the fine will be resisted and defeated by any honest jury," and gratuitously involves its own profession in the undesirable opprobrium of abetting resistance to the Government; it declares that an enactment exists, similar to that compelling clergymen to report marriages, which requires above.

cians and midwives to report births, and that not a moiety of the physicians of the city make any report at all.

In regard to the first point, the "honest jury" that is to break its oaths and set clear without a fine the clergyman who openly parades his denial of authority—we beg leave entirely to differ from the Gazette. It is, to be sure, a matter of opinion, but we have still enough confidence in the institution of the jury, and especially in the honesty of jurymen, to believe that a verdict in so plain a case as that we are now contemplating would be in accordance with the law and the facts. What particular reasons the Gazette may have for thinking otherwise we know not; but until experience proves the fallacy of the idea, we shall retain our confidence in the honesty of jurymen.

In regard to the refusal of physicians to obey the law requiring them to report births, the GAZETTE seems in this matter to entertain still more remarkable opinions. It says: "Some refuse because they are not paid for reporting; others because they have neither time nor inclination to render gratuitous service to the State." A frank confession is good for the soul, and we are glad to know why professional gentlemen, whose honor is so delicate that they decline to advertise in the daily newspapers, neglect to comply with a plain and eminently just provision of the law of the community in which they reside. It is solely, it seems, because they are not paid-not from scruples of conscience, like those avowed by his Grace, the Archbishop-not because of the injury they may do the public morals, or the shame they may bring upon innocent families, but because they are not paid; "because they have neither time nor inclination to render gratuitous services to the State, whose laws refuse to discriminate them as a profession." Either mercenary reasons, or motives of spite, and offended vanity, are to be alleged and accepted as exculpation for evading or flatly transgressing the law.

With the abstract merit of the registration law we have now no question; our object is solely to call attention to the fact that a powerful prelate gives notice to a public functionary that he and his clergy defy a certain law, and refuse point-blank to conform to its provisions; and almost simultaneously a prominent periodical, recognized as the organ of the medical profession, announces that half of the physicians in this city are in the habitual and open violation and disregard of the same or a similar law.

The foregoing flippant editorial in the New York Daily Times deserves a passing notice. Having committed itself early in the pending controversy between Archbishop Hughes and the City Inspector, in relation to the Registration law, without pausing long enough to learn the right from the wrong, its feud with the former predisposed the Times to take sides with the latter, and to denounce the Archbishop in no measured terms, as a rebel against the law of the land.

The GAZETTE having briefly shown that there are two sides to the question, and that the law of the land will protect the Archbishop in refusing to report the names and date of any marriage, solemnized under the seal of the confessional; and that the new law, being in con-

flict with the older and established law of the land, becomes null and void, ex necessitate rei; and may hence be resisted and disobeyed without offence; the Times finds it necessary to beat a retreat. This it does under cover of a jesuitical notice of our article, evading all the points at issue, and ignoring the facts of the case.

Although aware of the vantage-ground possessed by a daily over a monthly journal, the odds being 30 to 1, we do not shrink, nevertheless, from vindicating our position that the Registration law must be amended before it can be enforced, either upon clergymen or physicians, all of whom may refuse to report any marriage or birth, which in their professional capacity they may officially attend, whenever in their judgment and conscience such report would inflict injury upon the innocent among the living, or reproach upon the memory of the dead. more, we insist that the report of either marriage or birth rests wholly in the discretion of the clergyman in the one case and the accoucheur in the other. And if the knowledge of the relations of the parties in either case has been acquired only in a professional way, and was necessary to the performance of professional duty, by consenting to officiate, a moral obligation to secresy is voluntarily assumed, a violation of which involves the guilt of perjury in any code of ethica, whether ecclesiastical or medical. Moreover, the common law and the recorded decisions of our highest courts will not only protect any witness, who swears that he knows nothing of the case except what was revealed to him in the confidence of his profession, whether clergyman, doctor, or lawyer, but will sustain him in refusing to answer. exceptions of treason, murder, felony, and other high crimes, where witnesses have sometimes been held in contempt, can have no possible application in the case under notice, for no concealment or connivance at anything criminal can be alleged when a marriage or a birth are not reported, as for prudential reasons, or lest the innocent should suffer injury, which they are often liable to do when no legal guilt has been incurred, and no violation of law is contemplated by the parties.

It were easy to fortify our position by precedents and authorities, but we forbear, and will now only describe the circumstances of a few cases, in which a refusal to report in detail the names, dates, &c., of marriages and births, becomes imperative duty, and from which the penalties of no law afford any room for compromise, either by clergyman or physician.

Parties, after having lived together for years as husband and wife, and having had children, being all the while unmarried, become mutually convinced that they ought to be married in due form, according to the laws of the land and the rules of the Church. They call on any clergyman or magistrate to solemnize matrimony between them, and for obvious reasons require concealment of the fact, for the sake of their children. Shall such marriages be incontinently reported to the City Inspector, and thence be transferred to the newspapers? The officiary who would thus violate his trust, would deserve anathema, maranatha.

Other parties have been beguiled into a sham marriage, the deception and fraud of which being discovered by the injured party or her parents, results in the necessity of a private and legal marriage to save the honor of the family, and it may be to legitimatize offspring. A clergyman and a physician may be called to officiate the same day, the marriage and a birth occurring almost simultaneously. Shall this marriage and birth be reported for record by the City Inspector? If so, the clergyman and the physician would be very likely to figure in the next bill of interments, in these days of summary vengeance; nor could we find it in our heart to deal harshly with the "moral insanity" which would impel the avenger.

These are not fictitious, but actual cases, for we speak as a witness and not as a disputant, and have known many such with varying features, but in all of which to report to the authorities would be both cruelty and infamy.

When a child happens to be born too soon after marriage, which has sometimes occurred, shall the accoucheur hasten to put the date on record, and incur the risk of publication? Cui bono? Nay, would it not be contra bonas mores? Would not the crime of infanticide, already so appalling in frequency, become a thousand times more so, if it were not for the reliance of all parties on the honor and professional oath of the physician to preserve inviolable secresy? Might not suicide, the worst of all crimes, be fearfully multiplied, but for the confidence felt in the assurance of the accoucheur, that no record or report of the birth should ever be made? Would not the peace of families be broken up by such exposure of a calamity in one of its young and erring members?—and who is exempt from such disaster? "Let him that thinketh he standeth take heed lest he fall." And let us remember the words of Him who said, "Let him that is without sin cast the first stone."

Whatever clergymen may do, we trust, for the honor of our craft, that no physician will perjure himself, and curse the families he betrays.

by reporting any birth, the fact of which becomes known to him in a professional way, or the concealment of which is for any reason required by the parties. Let him refuse to testify, and take the consequences. If there be such a physician who would do otherwise, he is not our brother. And if our hat comes off to him in token of respect, our head must come with it!

### THE JAPANESE DOCTORS.

Our Philadelphia brethren seem to have been sadly hoaxed into the belief that "Dr. Kowasaki Downing" and his brother "medicine man" in the Japanese Embassy were bona fide surgeons, and hence they scared up a number of bloody operations for their instruction. Professor Gross performed lithotomy, and was complimented by the assurance that in Jeddo this was done after the "Dutch fashion." Professor Pancoast amputated at the hip-joint, &c., in their august presence at the Hospital.

It so happens, that these Japanese claimed to have been familiar with the "silver suture" and other surgical matters for a century or more. But they must have been posted for the occasion by somebody, since these Japanese doctors have been since proved to be utter "know-nothings" on this and every other medical subject; and of their stolid stupidity there can be no doubt.

Our New York Hospital doctors were grievously disappointed in not being able to coax these Japanese brethren into witnessing an amputation, &c., though diligent efforts were made, but they did not relish their Philadelphia experience, and incontinently refused to repeat it. A waggish neighbor of ours told them that, as they had seen the "Dutch fashion" of operating by Dr. Gross, he would show them the "Irish fashion," by Dr. Watson; but even this joke failed to tempt them. The medical pretensions of these Japanese doctors we regard as an unmitigated humbug. Happily, three American surgeons are on board the Niagara.

### DR. MARSH ON HERNIA.

We have been favored with the proof-sheets of a neat little volume, designed for popular instruction, on the subject of Hernia or Rupture, including its nature, varieties, treatment, and cure; illustrated by numerous plates, which are very elegantly executed. It is from the pen of S. N. Marsh, M.D., of the house of Marsh & Co., of New York,

Cincinnati and St. Louis, in each of which cities they have large and flourishing establishments for the manufacture and sale of Trusses, and other surgico-mechanical appliances, adapted to every variety of hernia, and other accidental or congenital malformations, defects, or deformities. The book is published for the benefit of his patients, and contains an appendix describing all the instruments this firm have devised, and a multitude of references, and testimonials in their favor. Dr. Marsh has here furnished proof which will be palpable to every reader that he understands the subjects upon which he writes, and has condensed in very small compass the kind and extent of knowledge on hernia, &c., which every sufferer ought to know. The work will doubtless have a wide circulation.

### MEDICAL COLLEGES.

Our advertising columns begin to record the announcements for 1860 and '61 of a number of our Medical Schools at home and abroad.

- 1. The University of New York makes no change in its Faculty, and opens on the 15th of October, and continues its session four months and a half, holding five cliniques weekly, and extending hospital facilities.
- 2. University of Nashville opens November 1st, and continues until March 1st, having the same Faculty as heretofore. A preliminary course by the Professors occupies the entire month of October, with facilities for anatomical study. A fine hospital and clinique are superadded.
- 3. Albany Medical College has the same Faculty, opens on the first Tuesday of September, and continues sixteen weeks, with clinical and hospital advantages.
- 4. University of Buffalo opens on the first Wednesday in November, and continues sixteen weeks. Dr. E. M. Moore takes the place of Professor Hamilton. Anatomical facilities are afforded during October, and clinical instruction in the hospital throughout the term.
- 5. New Orleans School of Medicine opens on the 15th of November, and continues until the last of March, thus making the course four and a half months, while a previous month is set apart for dissections. Clinical instruction given daily in the adjoining Charity Hospital, and in the College Dispensary. There are nine prefessors, including two clinical chairs; and Dr. Austin Flint, Jr., has been added to the Faculty, teaching Physiology and Microscopy.

- 6. Atlanta Medical College opens on the first Monday in May, and continues four months. Clinical instruction and anatomical facilities ample from the 15th of April.
- 7. Medical Department of Yale College opens on the 18th of September, and continues four months. This school has always maintained an exalted reputation, and never had an abler Faculty than at present. Professor Lindsley is a recent acquisition to the corps.

### DR. J. A. WOOD, OF BOSTON,

Announces in our advertising columns, that he has opened an office in the Cooper Institute, New York; where he may be consulted by patients suffering from spinal diseases, to which he has long been devoting special attention. He invites calls from the profession, to whom he will exhibit what he claims to be peculiar in his methods of treatment, and the mechanical appliances he employs. Dr. Wood refers to very many of our most eminent surgeons, and has himself acquired a high reputation for success in many deplorable cases, and we believe him to be every way worthy of confidence.

### SURGICO-MECHANICAL AUXILIARIES.

Dr. E. P. Banning, whose advertisement will be found in this number of the GAZETTE, submits to the profession his claims in mechanical surgery, to which he has long been a devotee. We have long known him as an ardent and industrious student and teacher in this department, and his instruments are highly spoken of by many who have worn them. He seeks to bring them specially under the scrutiny of the profession. Why not gratify him?

### PLANTEN'S CAPSULES.

The high reputation for purity and efficiency acquired by these Capsules, having been familiar to the profession for more than twenty years, renders it unnecessary to say more than that many of the nauseating and unpalatable drugs are thus made pleasant to the taste, so as not to offend the most delicate stomach. We have long employed them in practice.

# THE NEW YORK MEDICAL PRESS,

The title of which was so arrogantly assumed, ignoring the existence of any other medical press in New York, by appropriating the definite article, and the weakly existence of which has been protracted, even

beyond our anticipation, is now defunct. Its remains are greedily swallowed by the American Medical Times, whose cormorant appetite had already gulped down the caput mortuum of the New York Journal of Medicine, and has thus devoured the only bi-monthly and weekly journals for the profession, published in our city; presenting the anomaly of "three single gentlemen rolled into one." Having thus arisen, Phænix-like, from the ashes of its illustrious predecessors, it will build itself up on the ruins of both.

Whether the enterprising publishers will go on to conquer, by amalgamating with any other of the journals, remains to be seen; but of the success of the American Medical Times, as at present constituted, having the support of both our medical colleges, and all the cliques to whom it owes allegiance, there can be no room to doubt. We shall certainly rejoice in its prosperity, believing as we do, that such a weekly journal as this promises to be, is needed to supply the want of the detailed reports of College cliniques, hospitals, societies, &c., for those who crave such matters, and for which our monthly has no room. Hence we trust it may become the great national weekly for the profession all over the country, as the London Lancet has in England; a result which appears at present to be its manifest destiny, if harmoniously and impartially conducted. Meanwhile, let the monthlies, bi-monthlies, and quarterlies pursue the even tenor of their way.

#### MINERAL WATER.

The tonic and astringent qualities which characterize the Oak Orchard Acid Spring Water, in an eminent degree, may be inferred from the analysis prefixed to the announcement of the sole agent, Mr. Bostwick, in this number of the Gazette. For its remedial powers, no higher or better authority will be needed by the profession, than the explicit testimonial of Professor Armsby, of the Albany Medical College, who has so successfully employed it in practice. It may be obtained at No. 574 Broadway, New York, warranted genuine.

### GLEANINGS FROM OTHER JOURNALS.

Dr. J. M. Minor, of the Brooklyn City Hospital, has had remarkable success in treating varicose veins by the injection of persulphate of iron. His method and cases are detailed in the *American Medical Times*, for June 2.

In the same journal, Dr. John Watson highly commends the solu-

tion of corrosive sublimate, 5 grs. to the ounce of water, in the treatment, by injection, of fistulous ulcers, in front of the larynx.

Dr. B. F. Barker also reports the detection and correction by external manipulation of malposition of fœtus, during labor. Every obstetrician has seen cases of cephalic version spontaneously occurring during labor, no external manipulation having been employed. This case affords no evidence that such manipulation would detect or correct malposition weeks or months prior to labor, though the contrary has been inferred, without authority. Much less can it afford sny proof, that if malposition could be detected earlier, and then corrected, that anything would be gained by it, for obvious reasons. This pestilent heresy in meddlesome midwifery is doomed to Coventry, at less in this country, being condemned by the morale of the profession.

Dr. D. P. Smith, of Springfield, Ms., with commendable candor, reports, in the Boston Medical Journal, two cases under the appropriate heading, "Croup—Tracheotomy—Death!" Both were relieved for a time by thus cutting their throats, but the first died in 30 hours, and the second in 15 hours after. The strangest feature in the report is, that after admitting this to be the whole of his experience, he adds, "I shall not shrink from its performance in the next favorable case." In a "favorable" case, any operator should be indicted for murder, as it is only in extremes that the operation can be warranted. One of our New York savans lately stated in public that he had performed tracheotomy sixteen times! Being inquired of, how many of the children died, he replied, "just sixteen!"

Dr. Benson, of Louisville, employs inunction of Belladonna to the parotid and submaxillary glands early in Anginose Scarlatina, with signal success; grs. xv. of extract to the ounce of simple ointment.

In diarrhœa, during dentition,  $\frac{1}{4}$  of gr. of sulph. cupri with  $\frac{3}{4}$  of gr. of opium, in a sugar powder three times a day, is recommended by very high authority. We prefer hydrarg. cum creta gr. iij., with gr. ij. of Dover's powder, after every stool.

Dr. Stephens, of Ohio, relies upon the extr. conii mac. internally for gonorrhœa, in doses of from gr. ij. to vj. every two or three hours.

For hoarseness in singers and speakers, five or six drops of nitric acid in sweetened water is the remedy.

Atropine in epilepsy, in doses of one-thirtieth of a grain, is the latest remedy reported as successful.

The hypophosphites are losing the exaggerated confidence expressed in Europe, as remedies in consumption.

The perchloride of iron, dissolved in glycerine, is highly commended for arresting hæmorrhage, as in bleeding hæmorrhoids.

## BOOK NOTICES.

A PRACTICAL TREATISE ON THE DISEASES OF THE LUNGS, INCLUDING THE PRINCIPLES OF PHYSICAL DIAGNOSIS. By WALTER HALE WALSHE, M.D., F.R.C.P., Professor in University College, London, and Consulting Physician to the Hospital for Consumption, &c.

Dr. Walshe having recently revised and enlarged a third edition of this book, the publishers here have issued this new American reprint, including all the author's improvements, which are so many, that the work may be said to be rewritten. It is now divided into two parts, viz.:

- 1. Physical examination of the lungs and appendages.
- 2. Diseases of the lungs and appendages.

In the appendix he considers change of climate, compressed air-bath, injections of the bronchial tubes, and alludes to asteoid of the lungs.

We subjoin, as corroborative of views we have recently promulgated through 'the GAZETTE, what Dr. Walshe says of "injections into the bronchial tubes."

"INJECTIONS INTO THE BRONCHIAL TUBES.

"1833. That considerable relief of laryngeal irritation, improvement of the voice, diminution of dysphagia, and an easier condition of breathing may be obtained in the laryngeal affections attending phthisis, by sponging the back of the pharynx, the epiglottis, and the confines of the upper orifice of the larynx with a strong solution of the nitrate of silver, cannot be doubted. The fact is exemplified in every-day practice. But how stands the evidence as to the alleged utility and practicability of sponging the interior of the larynx itself, and of injecting the brenchial tubes, and the interior of pulmonary excavations? The following are the inferences which I feel justified in drawing from my own observation, fortified by the extended experience of others:

"(a.) No proof exists that the interior of the larynx, at and below the true vocal cords, has ever been reached with the sponge and probang in the living subject. The feat is of most difficult accomplishment in the dead body—an amount of force being required which would be utterly unjustifiable in the case of the living person. (b.) The utter fallacy of supposing that, because a hollow tube, passed beyond the root of the tongue, influences the flame of a candle held before its external orifice, therefore the internal end of that tube has reached the trachea, has been fully proved. It has been shown that if a hollow tube be purposely pushed into the esophagus, almost to the cardiac orifice of the stomach, the flame of a candle will be drawn to or blown from the orifice with inspiration and with expiration.* (c.) I have made numerous attempts with a curved silver catheter, provided with a gutta-percha hollow bell at the external end, to reach the trachea. But I have never felt satisfied I had succeeded. (d.) There can be little doubt that the failure to reach the

[•] Results of New York Commission confirmed by Erichsen, "Science and Art of Surgery," 2d edition, p. 751. The experiments of Professor Griesinger, of Tubingen, on this point are peculiarly interesting and conclusive; for he started on his inquiries with the conviction, subsequently most fully and candidly relinquished, that the introduction of a catheter below the vocal cords was easily to be effected.—Deutsche Kiënik, April 17, and July 17, 1855.

[†] Made by Coxeter, Grafton Street East.

interior of the windpipe is matter for congratulation to both patient and operator. For occasionally an unusually large quantity of the fluid is injected from the catheter, accumulates about the upper part of the larynx, and not being instantly sputtered away by the convulsively energetic cough that enames, a few drops make their way into the larynx. The terrible suffering that follows and holds on in a more or less aggravated form for some while, shows that disastrous results must follow, were any quantity of the caustic fluid really thrown into the tubes. (e.) In a word, it appears to me, the alleged injection has never been demonstrably executed; and were a process invented by which it might be effected, I believe its execution would be unjustifiable."

ON OBSCURE DISEASES OF THE BRAIN AND DISORDERS OF THE MIND: THEIR IS-CIPIENT SYMPTOMS, PATHOLOGY, DIAGNOSIS, TREATMENT, AND PROPHYLAZES. By FORBES WINSLOW, M.D., D.C.L., Oxon., &c. Philadelphia: Blanchard & Les. 1860.

This most timely and truly invaluable work has, by the enterprise of the American publishers, been published here in less than two months after its appearance in London. The author, Dr. Winslow, is undoubtedly the best living authority in every department of Medical Psychology, a science in itself, and which he has made a specialty, and may be regarded as having claims to the title of an expert, which are unsurpassed. His ardent devotion to the subject, his unrivaled opportunities for observation and experience, and the scholastic acquirements which distinguish him, and characterize all he has written, render the series of works he has projected, and of which this is the first, more attractive and important to the profession than any in the whole range of our medical literature.

In his next work he proposes to treat of "Organic Affections of the Brain," and this will be followed by another on "Disorders of the Intelligence, Cerebro-Psychical in their Nature." To these the present book may be regarded as prefatory, and is devoted chiefly to insanity, and all the various morbid manifestations which characterize its numerous phases, whether physical or mental in their development. In short, this single treatise comprises a most elaborate and critical examination into insanity, and all its analogous deviations from cerebral and mental health, the ability and minuteness of which will commend it to every student who can appreciate medical logic and literary excellence. We regard it as pre-eminently worthy of the universal patronage of the profession, and as a standard text-book for students in this department it is every way superior to any work extant in our language. The author gives no countenance whatever to the medical heresy of "moral insanity;" nor does he favor any of the kindred speculations of the phrenologists. His work is purely scientific, and emineutly sound as well as practical. Let every medical man read and study it, at least, before presuming to offer testimony before either civil or ecclesiastical courts in questions of the jurisprudence of insanity.

ON THE DISEASES, INJURIES, AND MALFORMATIONS OF THE RECTUM AND ANDS, WITH REMARKS ON HABITUAL CONSTITUTION. By T. J. ASBTON, House Surgeon to University College Hospital, London, &c., &c. Philadelphia: Blanchard & Lea. 1860.

From the third and enlarged English edition of this standard work the present American reprint has been issued, with illustrations, and the latest emends-

tions of the author. The peculiar merit of this book consists in the multitudinous cases, which are clinically reported in detail, and graphically portrayed for illustrating every variety of the discases to which the rectum and anus are liable, whether surgical or medical. If every physician would qualify himself by reading this work, for the accurate diagnosis and skillful treatment of those maladies, the community would be protected from the advertising impostors who make a specialty of à posteriori operations and fundamental medication. Such are more numerous and mischievous than are their confreres, the ascarides. The prompt publication of such valuable practical monographs as this of Dr. Ashton merits our gratitude.

PROCEEDINGS OF THE SIXTY-EIGHTH ANNUAL CONVENTION OF THE CONNECTICUT MEDICAL SOCIETY. Hartford, May, 1860.

This is a volume of much interest. It contains an admirable Address by the President, Dr. A. Woodward, of Franklin, chiefly devoted to ethical questions; a Dissertation on Hygiene, by Dr. A. B. Haile, of Norwich, which is sound and discriminating; a Sanitary Report, by Dr. L. S. Wilcox, of Hartford, ingenious and practical; several biographies of deceased physicians are here added. In conclusion, we have an Appendix containing the Report of the Board of Examiners appointed by the State Medical Society, to attend the final examination for degrees in the Medical Department of Yale College. And that of the Committee on the part of the State Society, appointed to nominate a Professor inthe College to fill a vacancy. These latter show the relations mutually recognized in Connecticut between the profession of the State and their medical school.

A TREATISE ON MEDICAL ELECTRICITY. By J. ALTHAUS, M.D. Philadelphia: Lindsay & Blakiston. 1860.

This is another new work, by one whose hospital opportunities for practice have been unrivaled, and who seems to have diligently improved them. The author's enthusiasm in his favorite science seems not to have obscured his judgment, and the work is one of decided merit. It is a less formidable volume than the recent work of Dr. Garratt, and on the same subject.

A GUIDE TO THE PRACTICAL STUDY OF DISEASES OF THE EYE, WITH AN OUTLINE OF THEIR MEDICAL AND OPERATIVE TREATMENT. By JAMES DIXON, F.R.C.S., of London. Philadelphia: Lindsay & Blakiston. 1860.

This is a reprint from the second London edition, and will be found to be a brief and meritorious monograph, eminently instructive and practical, and written by an author who is highly esteemed wherever he is known, for his science and skill in a department in which he has few superiors. We cordially commend the work to students and practitioners as a condensation of knowledge on the subject in brief compass, which might have been much easier amplified to a royal octavo, though here compressed into a small duodecimo, rendering it more readable and useful.

FOOD FOR BABES; OR, ARTIFICIAL HUMAN MILK, &C. By WM. HENRY CUMMING, M.D. New York: Anson D. F. Randolph. 1859.

This is a valuable little manual, capable of great utility, if it could be widely circulated, and its teachings beeded by those concerned. Our present ratio of infant mortality is an opprobrium medicorum, and disgraceful to science and humanity. Every effort in melioration deserves encouragement, and this little book is creditable to the heads and hearts of author and publisher.

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AT A MEETING OF THE BOARD OF TRUSTEES AND Professional Staff of the Brooklyn City Hospital, held June 18th, 1860, the following preamble and resolutions were adopted:

Whereas. In the dispensation of Providence, our friend and associate, Dr. CHARLES E. ISAACS, one of the Surgeons of the Brooklyn City Hospital, while yet in the prime of life and professional usefulness, has been removed by death; therefore be it

Resolved-1st. That while we recognize the wisdom and goodness of God in all his ways, and bow in submission to his immutable decrees, we cannot but deplore the loss of one who was so endeared to us in all his social and professional relations.

2d. Resolved, That in the death of Dr. ISAACS, the Trustees and Professional Staff of the Brooklyn City Hospital feel that this institution has sustained an irretrievable loss.

3d. Resolved, That a copy of this preamble and resolutions be sent to the relatives of the deceased, entered on the records of the Hospital, and published in the Brooklyn papers, the American Medical Times and the New York Medical Gazette.

H. P. MORGAN, Secretary.

BROOKLYN, June 19, 1860.

## MEDICAL INSTITUTION OF VALE COLLEGE.

The Course of Lectures for 1860-61 will commence on Thursday, September 13th, and continue four months.

BENJAMIN SILLIMAN, M.D. LL.D., Prof. Emeritus of Chemistry and Pharmacy. ELI IVES, M D., Prof. Emeritus of Materia Medica and Therapeutics.

JONATHAN KNIGHT. M.D., Professor of the Principles and Practice of Surgery.

CHARLES HOOKER, M.D., Professor of Anatomy and Physiology.

WORTHINGTON HOOKER, M.D., Professor of the Theory and Practice of Physic.

Benjamin Silliman, Jr., M.D., Prof. of Chemistry and Pharmacy.

Pliny A. Jewett, M.D., Prof. of Obstetrics.

CHARLES A. LINDSLEY, M.D., Prof. of Materia Medica and Therapeutics. LECTURE FEES, \$68.50. Matriculation. \$5. Graduation, \$15.

> CHARLES HOOKER, Dean of the Faculty.

NEW HAVEN, May, 1860.

## AMERICAN

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No. 9.

## ORIGINAL DEPARTMENT.

## A CASE OF RUPTURE OF THE TENDINOUS CORDS OF THE HEART.

By CHARLES A. LEE, M.D.

Writers on diseases of the heart have given very little importance to a pathological condition which is occasionally met with, and which probably occurs more frequently than is supposed, viz., a rupture of the fleshy columns, or chordæ tendineæ. It was first noticed, I believe, by Corvisart, who described three cases: afterwards Laennec and Bertin each met with one instance of the same. There can be no doubt that the accident is often overlooked: and as death rarely occurs suddenly in such cases, and other pathological changes in the organ ensue, it is very natural that the cause of death should be attributed to these subsequent lesions. It is quite a remarkable fact, that while numerous cases of rupture of the heart have been recorded, there are but five or six cases of rupture of the tendinous cords to be found in treatises devoted to diseases of this It cannot be supposed that they have not occurred; the true explanation probably is, that they have not been observed. It is not uncommon to meet with individuals who labor under symptoms of endocarditis, or tricuspid, or mitral regurgitation, who attribute the first symptoms, the very origin of the disease, to something giving way in the region of the heart, on making some violent muscular effort, or perhaps during a severe fit of coughing. These cases go on from bad to worse, and eventually terminate fatally. Several such cases have fallen under our own observation. The symptoms have been at first

sudden and severe dyspnœs, sometimes amounting almost to suffocation, excessive faintness, coldness and paleness of the surface, a feeble, intermittent pulse, and general prostration. On recovering from the first shock, there have been paroxysms, during which the same symptoms were prominent, with breathlessness on slight exertion; but uniformly there were symptoms of mitral or tricuspid regurgitation. Nothing is more common in cases of regurgitation, than to find shortening and thickening of the chorda tendinea, although this lesion is very apt to be overlooked after death, the valve perhaps being pronounced capable of discharging its function, although contracted to one-half its normal dimensions. In many of these cases of obscure heart disease, where nothing is found in the autopsy which is deemed sufficient to account for the fatal result, a more careful examination will disclose the important fact, that the tendinous cords are greatly shortened as well as thickened, of course preventing the valve from completely closing during the ventricular systole, thus causing regurgi-We are looking for ossifications, vegetations, softenings, &c., while we are apt to forget the most essential lesion of all. Blakiston seems to have paid most attention to this point, of all the writers on cardiac diseases. He found the chorde tendines shortened in 20 out of 46 cases of tricuspid regurgitation; in one he says. "One of the cords had apparently been broken, and was curled up into a nodule. like a pin's head," (p. 291.)

We cannot, however, agree with this writer in the opinion that rupture of these cords would not much affect the working of the valve. Their structure, position, and acknowledged physiological function, all go to demonstrate the contrary. "The severity of the symptoms in such cases will," as Laennec has remarked, "be very variable, according to the extent and place of the lesion. The rupture of all the tendons of a pillar must occasion much disturbance in the circulation. The complete rupture of a pillar, or its separation at its root, must occasion still more serious effects, in consequence of its floating about in the ventricles almost like a foreign body. But the rupture of one or two tendons only ought not to occasion very severe or permanent symptoms." In the case related by Laennec, rupture of the tendons of the pillars appears to have been the consequence of ulceration. In the case recorded by Bertin, the same accident resulted from violent fits of coughing.

These remarks may serve to introduce the following case, which, as it occurred in consultation practice, cannot be given in detail, only its

more prominent features, as observed by myself, and from its general history, as given by the attending physician.

Mr. L., a lawyer by profession, aged 65, or thereabouts, tall, well formed, and athletic. His father and two aunts had died of heart disease, and cancer had been a common complaint in the family-was thought to have inherited a scrofulous constitution. For several years had symptoms of some affection of the heart, which was, however, believed to be sympathetic. In April, 1859, while driving a stake into the ground with a heavy piece of wood, he felt something give way suddenly in the region of the heart, and immediately fell to the earth, gasping for breath, and laboring under excessive pain and dyspnœa. The pulse became very frequent, and nearly imperceptible, while the skin was covered with a cold, clammy perspiration. In the course of an hour he was removed to his own house, not far distant, and restoratives applied, with the effect of affording partial relief. time he constantly labored under more or less dyspnœa, especially on the slightest exertion, as walking up stairs, &c.; cough, and bloody expectoration; a frequent, intermittent, and hobbling pulse; pain at times very severe in the cardiac region, and an anxious expression of countenance; deadly pallor and puffiness of the face, purple hue of the surface, and other indications of venous retardation, &c. The patient was able to ride out in his carriage, visited New York, and consulted his old family physician, who regarded his disease as tuberculosis of the lungs. I was called to see him for the first time on the 22d Nov., He had just returned from his usual morning ride. pearance was strongly characteristic of obstructed circulation through the lungs and heart. His face, bloated, and mostly pale, was marked by a few crimson or purple patches; respiration labored; considerable cough, with bloody expectorations, like quince jelly; breathless on very slight exertion; subject to frequent paroxysms of dyspnœa, especially at night, when he had to get up for relief; an indescribable sensation of oppression in the region of the heart, and throughout the chest: body and limbs considerably emaciated; some ædema of the extremities; bowels easily acted on, often too loose; digestion generally well performed, and appetite tolerably good; urine high colored, and scanty: skin dry; considerable thirst; pulse very feeble, 120, and at times intermittent.

Physical exploration revealed but little truly diagnostic. The cardiac contractions were too feeble to produce any abnormal sounds. The second sound of the heart could not be discriminated from the

first; the impulse scarcely perceptible; dullness on percussion over a somewhat larger precordial space than normal; the point where the apex struck could not be accurately ascertained. The respiratory murmur could be heard over the greater part of the chest, although there was a dull sound on percussion under the left clavicle, and the respiration was not as distinct in any part of the left lung as the right. I saw the patient but once afterwards, about two weeks from the time of the first visit, when the symptoms had become somewhat aggravated. The dropsical symptoms gradually increased, as well as the dyspnæs, pulmonary congestion, and impeded circulation; the mental faculties remained, for the most part, unimpaired till near the close; but the patient succumbed to the disease January 24th, 1860.

Autopsy Twenty-four Hours after Death.—Body emaciated; extremities cedematous; neck, face, and chest suffused with purple patches.

Lungs.—Strong adhesions of the costal pleura on each side, indicating former attacks of pleurisy; bronchial glands greatly enlarged and morbid, occupied by cretaceous masses. In the centre of the principal lobe of the left lung was an apoplectic effusion, large as a turkey's egg, and apparently not very recent. Both lungs were greatly engorged with blood. But little serum was found in the pleural cavities.

Heart.—This organ was considerably enlarged; aorta healthy; semilunar valves, both aortic and pulmonic, sound and healthy: an ounce or more of loose fibrinous clots were found floating in the cavities of the heart, and extending some distance up the large vessels. especially the aorta. These concretions, which were white, colorless, elastic, and glutinous, were not only found loose in its cavities, but were also adherent to the walls of the heart, twisted round its valvular tendons and fleshy columns, about equally abundant in both cavities; their most adherent part, perhaps, being about the free border of the valves. The endocardial membrane was much thickened from chronic inflammation, while organized lymph was also deposited beneath it. Several of the chordæ tendineæ of the mitral valve had evidently been ruptured, as only their shriveled remains were visible. while others, both of the tricuspid and mitral, were so contracted and adherent to each other as to contract the circumference of the valves to such an extent as almost to close their orifice, and of course, to prevent entirely their healthy play. No signs of ossification were observed, nor any steatomatous patches.

Remarks.—I should have mentioned in the history of the above case,

that a few days after the first seizure, the physical and rational signs of endocarditis were present. The patient had also had, considerable later in his disease, several slight paralytic attacks, so called, especially of the arms, owing, no doubt, to fibrinous clots floating in the circulation, and plugging up some of the larger arteries. There were also, at times, great throbbing of the carotids, and pulsation in the jugular veins, severe headache, and occasional delirium.

The history of the case would seem to show that during the violent muscular exertion some serious lesion occurred, affecting the circulation, and causing severe pulmonary congestion. What was its nature and what its seat? These questions were certainly somewhat of difficult solution previous to death, and especially at the late period when I first saw the patient. The time had gone by when the physical signs would more or less clearly have denoted the nature of the accident, and of course no positive diagnosis was possible. It might be aneurism of the arch of the aorta, or lesion of the mitral or tricuspid valve, or possibly both. The suddenness of the attack precluded the idea of idiopathic endocarditis, carditis, or any other inflammatory affection of the organ. It did not occur to me at the time, that it might be a rupture of the tendinous cords of one of the auriculoventricular valves, although perhaps this is the very first thing that should have been suspected. Subsequent reflection, and the perusal of Corvisart's three cases, (Obs. 33, 40, 41,) where the rupture of these cords, the result of violent efforts, caused a similar train of symptoms. viz., an intense feeling of suffocation, &c., which terminated in exhibiting all the usual symptoms of disease of the heart, made it seem very probable that such was also the nature of the accident in the present It is possible, and perhaps not improbable, that the patient had previously labored under chronic endocarditis, which had, by softening the endocardial membrane, rendered a rupture of the attachment of the fleshy columns or tendinous cords comparatively easy; perhaps the columns themselves had been softened by previous inflammation, so that violent muscular exertion would suffice for a fatal This was followed by severe endocardial inflammation, which resulted eventually in death. My only object in reporting this case is to call the attention of the profession to an accident which is probably more frequent than is generally supposed, and the evidences of which are scarcely ever sought for after death.

PEEKSKILL, July 24, 1860.

## GLEANINGS FROM FOREIGN JOURNALS.

By Dr. Marsland.

Cataract.—After operations for cataract, absolute repose, both of the eyelids and of the globe of the eye, is indispensable. Success in this operation, more perhaps than in any other, depends on care after the operation itself is over. And one of the precautions which is most important and most conducive to a happy result, is that we have just named. The eye should be completely guarded from the action of air and light, and should be kept without motion, and perfectly at rest. The value of this direction is universally admitted. But it should be carried out to the letter. The most skillful operations have often failed just because this simple precept has been violated, and the eye has been opened for examination too soon. Professor Gosselin insists on this point with much earnestness. He has long observed, he says, that those patients who are permitted to open their eyes and try them are troubled the same day with pains in and around the eye, of greater severity than those of the preceding days. He has seen purclent cominnctivitis and obstinate iritis supervene after such exposure, as also after attempts on the part of the surgeon to open the eyes and exam-He consequently closes the eye immediately after the op-His method of doing this is to use court-plaster, and to place over the strips which cross each other a small tampon of lint, which he keeps in its place with the usual bandage. The following days, he satisfies himself of the state of the organs, by making pressure on the dressings, and examining the bandage. Pressure over the eyes is also occasionally made by the patient himself, by means of the dressings. If this pressure produces no acute pain, the inflammation is proved to remain moderate. If the bandage is but slightly moistened, or if it is stained by a fluid which somewhat stiffens it when dried, without imparting, however, any great consistency, or a yellow color, you have evidence that there has been no discharge of pus, but only of tears mixed with mucus.

These two indications being present, the ulterior treatment adopted by M. Gosselin consists in giving calomel in minute doses, to promote a soluble state of the bowels, without producing salivation.

If, however, there be a secretion of pus, and the eyes be painful on pressure, it will be well to avoid fatiguing them by opening or exposure to the light. Antiphlogistics and revellents would be sufficiently indicated in such a case.

Two patients at the Hospital Peanjon have been recently subjected to this treatment, with much advantage. In one case, the eyes were not opened till the tenth, and in the other, till the eleventh day after the operation. The surgeon refrained from touching them at all. On the fourteenth day, he painted the eyelids with a solution composed of thirty grammes of distilled water and thirty centigrammes of sulphate of atropine. About the twentieth day he began to examine the conjunctiva every morning, and dropped into the eye, from time to time, the solution of sulphate of atropine.—Gaz. des Hôpit. et Bull. de Thêr.

On Animal Glycogeny, in its Relations to the Production and Destruction of Fat.—At a recent meeting of the Academy of Sciences. Dr. G. Colin described some researches into which he had been led respecting glycogeny in the chyle, lymph, blood, and liver. regard to the last he says that hepatic sugar is evidently derived, at least in part, from the saccharine or fæculent substances taken as food. and is conveyed to the liver by the portal vein or by the hepatic artery. It appears also to be a product resulting from the transformation of the fat which accumulates in the hepatic lobules and in the This sugar is much more abundant in fat aniintra-lobular spaces. mals than in others. Still, beyond a certain limit the quantity does not further augment; and in livers which have undergone fatty degeneration, the sugar is much diminished. In animals which have no adipose tissue to be taken up, the sugar decreases from the moment of abstinence, and quickly disappears. In fat animals, on the contrary, it is renewed and maintained at a more elevated level, even should they fast for a long time, provided that the normal temperature of the body be kept up.—Journal de Pharmacie, p. 279.

On the Effects of Santonine on the Sight.—Besides its effects on the color of the renal secretion, santonine is well known to cause persons who take it to see objects tinged with some abnormal color, such as green blue or pale yellow. M. de Martini, in the recently published new edition of his observations on santonine, has added several facts observed in France and in England. The most interesting of these relate to the use of this remedy for neuroses of the eye. One case is that of a woman, 70 years old, who for some time had suffered from weakness of vision in the left eye. In March, 1859, M. Martini first saw her. The exterior of the eye presented almost nothing abnormal. The pupil of the eye was not very sensitive, and was larger

than that of the right eye. In the aqueous humors a small white cloud was visible. The patient could scarcely distinguish the light. Four to six grains of santonine were administered, beginning with the 10th of March. On the 15th, four or five times during the day, the patient, even with the inferior eye, saw objects colored of a greenish yellow. On the 18th eight grains were given, and although the field of vision was colored as before, she could discern the forms of persons in the room. On the 20th and 22d of March she saw objects colored yellow, but could distinguish them more clearly. The use of santonine being then discontinued, the amelioration was stationary.—Jew. de Pharmacie.

On the Composition of the Cerebral Mass.—According to M. Muler, the cerebral substance of man contains a small quantity of creatine. This alkaloid is not found in the brain of the ox, where the presence is suspected of leucine or one of its homologues. But in both these substances there is abundance of lactic acid and a small quantity of fatty acids, of the general formula Cⁿ Hⁿ O⁴. They do not contain creatinine, urea, cystine, taurine, or succinic acid. The brain of the ox contains, besides, a little uric acid, and a large proportion of muscle sugar. During his researches, M. Muller has met with a non-phosphorated substance, having considerable analogy with the cerebric acid of M. Frémy, but differing from it in centesimal composition.—

Ann. der Chemie und de Pharm.

Tartarized Antimony as a Remedy for Tetanus.—The success in cases of chorea attending the use of tartarized antimony given to tolerance in the largest doses the patient can bear without vomiting or diarrhoea, has induced Dr. Cornaz, of Neuchâtel, in Switzerland, to adopt this remedy in traumatic tetanus. He has reported in the Continental medical journals several successful cases, the last being that of a farm-laborer 63 years old. The result was as satisfactory as in the previous cases.—Echo Médical.

[From the Brooklyn Eagle.]

## THE LONG ISLAND COLLEGE HOSPITAL. Commencement Exercises—Addresses by Dr. Mason and Prof. Flint.

The first commencement exercises of the Long Island College Hospital were held on Wednesday evening, July 24th, 1860, in the chapel of the Packer Institute. The number of ladies and gentlemen in attendance sufficiently indicates the interest that is felt in the success of this admirable institution—almost the only one of its kind in America. Among the audience we noticed some of our most influential citizens and their families.

The platform was occupied by Senator Sloan, President of the Board of Regents, Thomas H. Rodman, Secretary, and the other members of that board—Drs. Mason, Mitchell, Dudley, and Henry, members of the council; and Profs. Flint, Doremus, Hamilton, Dalton, Enos, Chapman, Hutchinson and Trask, who constitute the faculty.

We chronicled in March last the reopening of the Long Island College Hospital; from the well-known ability and energy, and more than all, from the self-sacrificing spirit of those at its head, we anticipated the most favorable results. From time to time we have visited the College since, and have felt it our duty to commend the admirable management of its directors, and the ability of its faculty. Still, the undertaking was an experiment, the result of which only time could tell. From the statements made last night, no less than from the encouragement and sympathy manifested by some of the ablest members of the medical profession, we are justified in saying that the experiment is successful, and that Brooklyn can boast of having a Medical College within its borders second to none in the ability of its faculty and its opportunities for imparting a thorough medical education.

The charter of the College Hospital was obtained in 1858, and was designed to combine, as its name indicates, a College for the instruction of students, and a hospital for the treatment of patients. From various circumstances, extensively agitated in this paper at the time, the institution was not at first successful, and the department of instruction was for some time closed. Owing to the energy of the Regents and Council, and to the liberality of one of them in particular, these difficulties have been overcome, and Brooklyn has to-day a Medical College which will tend to make her known and honored wherever medicine is studied. Brooklyn will owe a debt of gratitude to the gentlemen who hazarded their private means to this enterprise, without other hope than that of being able to confer on our beautiful city an institution which she needs so much, and for the location of which she has so many advantages.

The exercises last evening opened with music from a very excellent orchestra, after which, the Rev. Dr. Storrs offered up an appropriate

prayer. Dr. C. L. Mitchell, addressing the students, said he would now administer to them the obligation which each of them had before severally assented to. He then read the formula, which in substance was, that the students solemnly promised that they would faithfully administer the duties of their profession; that they would use all their skill and diligence for the recovery of their patients; that they would not use their professional attainments for unworthy purposes; that they would keep the secrets intrusted to them in their character of physicians, and that finally they agreed to forfeit the degrees here conferred if they were unfaithful to those obligations.

Dr. Dudley, addressing the President, then said:

Mr. President—It is my duty, as registrar of this institution, to present to you the following candidates for the degree of Doctor of Medicine, they having sustained a satisfactory examination in the various branches of medical science before the council and faculty of this college, written approved theses, completed their term of study, and other requisites for graduation, in accordance with the statute of the State of New York:

Arthur Du Bercean, N. Y. Charles O. Leary, Cin.
Samuel Jackson, Virginia.
Stephen B. Burdick, Iowa.
Charles C. Gordan, Florida.
Nemesis Cole, Ohio.
Lucien Demainville, N. Y.
Rufus King Brown, N. Y.
Edmund Lynch, Brooklyn.
John Scudder, India.

George R. White, Ky.
Wm. J. McMahon, N. C
Fowler Prentice, Brooklyn.
James Webb, Me.
Rufus A. Shempock, N. C.
Philo C. Pease, N. Y.
Emila T. Sabe, Ga.
Paul A. Barrear, N. C.
George Henry, Cal.
Alex. McDugald, N. C.

The gentlemen named then ascended the platform five at a time. Dr. Mason, the President of the Collegiate Department, then conferred upon them the degree of Doctor of Medicine, in Latin, presenting each with a diploma.

After the presentation, Dr. Mason spoke as follows:

LADIES AND GENTLEMEN—Sixteen weeks since I had the honor to announce to a numerous and select and a highly intelligent audience, the opening of the first course of instruction in the collegiate department of the Long Island College Hospital.

On that occasion, after a rapid survey of the history of the institution, I adverted to the highly interesting relations which it bore to the welfare of our city, as well as to that of the numerous communities which might receive from it that most important class—never more important than in our times and in our civilization—their medical men, their physicians and surgeons.

I said important in our times and in our civilization. piricism is rampant and stalks through the land, infesting, like a plague, all classes of society, or rather, like an incarnation of the very spirit of evil, assumes all-varied, most specious and even opposite forms, and finds its deluded victims amongst the rich and the poor, the ignorant and the learned, the wise and the simple, the good and the base, the priest and the people, when indeed, of the latter it may, with here and there an honorable exception, be said, as of a people of old, "Woe unto them, for they are gone astray, following blind guides;" in such times, surely, if ever, it is important that men of thorough training, well indoctrinated in medical truth and practically taught in the medical art, should be stationed at every point to erect and to hold up the standard and wage the conflict of truth against But to return. I, at that time, promised on behalf of the authorities of the college, that holding these views, and fully impressed with a sense of the responsibility which they had assumed, they would omit nothing that was needed to secure the most thorough scientific culture and the soundest practical education for those students who might avail themselves of the means of instruction which we were enabled to offer to them.

I enumerated some of those means—some of the peculiar advantages which distinguished ours from similar institutions. Amongst these were prominent: 1st. The season of the year in which the course occurs; embracing the period when the severe rigors of the winter have not yet been succeeded by the fierce, protracted and debilitating heats of the hottest of the summer months—a season favorable to intellectual exertion; and which had not in this part of the country been hitherto devoted by any medical college to regular courses of instruction.

Secondly. Our location in this beautiful, healthful, populous and central city—a city possessing in an extraordinary degree all the requisites for such a school, and combining with them that which can to the same extent, perhaps, be found nowhere else so associated—a seclusion and quiet most favorable to the habits and pursuits of the student.

Again, and Thirdly. The connection under one roof of a College with a Hospital, not otherwise found in this country, (although not

very uncommon in insular and continental Europe,) was enumerated as another and a most important peculiarity and advantage. The means thus afforded for uniting practical with theoretical, demonstrative with didactic teaching, was considered to be of the highest value, and as offering to the student unequaled facilities for improvement. On this point I insisted at considerable length, on that, as on other occasions, urging its indispensable importance, and its great value to both Hospital and College, but more especially commending it as a means of instruction of surpassing excellence, and one on which the authorities of the College relied to give a most important and distinctive characteristic to our institution. In this our anticipations have been fully realized, both pupils and teachers concurring heartily and unanimously in commendation of the arrangement.

Need I hesitate in their presence to say that in addition to these attractions our school can point with honest pride to a corps of Professors chosen from the elite of the profession, and acknowledged to be, as a whole, in ability and reputation, inferior to none in the land?

These combined advantages and attractions we were confident would bring from various quarters students of the better class—the intelligent, the aspiring, the diligent—the class in which are found the men who become eminent in attainment and in usefulness. These we confidently expected in numbers sufficient to justify the soundness of our judgment as to the propriety of opening such a school, and to demonstrate the wisdom of our arrangements and plans for conducting it.

I have now the gratification of being able to state that the results have not equaled only, but much exceeded our expectations. About sixty students from sixteen States of the Union—from Maine and from Florida, from the Eastern, Middle and Southern Atlantic States, from Western Wisconsin and Iowa, from Canada and New Brunswick, from England and from India, have come to avail themselves of the means of instruction here provided. A statistical friend has provided me with the following table on this subject:

From Maine 1	Florida 2
Massachusetts 1	Louisiana 2
New York23	Ohio 2
Pennsylvania 1	Wisconsin 1
New Jersey 1	Iowa 1
Maryland 1	
=	New Brunswick 1

North Carolina  Kentucky Alabama	7	Ceylon	1
Georgia		5	_

As you are witnesses, twenty-one gentlemen, having completed the term of study prescribed by the law of this State, and the course required by this college, and having by their conduct during the term, by testimonials of character, by diligence in their studies, and by the manner in which they have sustained their examination, given evidence of their fitness, have this evening received the highest academic honors, and been clothed with the highest legal rights and immunities which this or any other Medical Corporation has power to bestow.

It has been a great additional source of gratification to us, that some of the practicing physicians of our city, and amongst them several most respected by the profession, and widely known and confided in by the community, have been regular attendants upon the prelections of several of our professors, and thus given the strongest testimony to the value which they attach to the means of instruction here accessible.

When we, knowing as we knew our profession in this city, foresaw and foretold this as one of the benefits to be expected from our institution, and used it as an argument in favor of its establishment, we were esteemed enthusiasts—mere dreamers. Gratifying to us, therefore, and let me add, ladies and gentlemen, fortunate is it for you that our estimate of your medical men was not erroneous.

Ours is indeed a progressive science. The field which it explores is wide as the causes of disease in man, and varied as the operation of physical and moral influences upon him and within him. No one, therefore, truly devoted to it, can ever feel himself released from the necessities of study, or fail to highly prize and diligently use the best appliances within his reach, for the prosecution of his investigations; nor can the consequences of such investigations fail to be most beneficial to the physician; especially can they not fail to benefit his patients. Here and there a medical man may be found, we are aware, who denies that medicine is advancing. "Theory," says such a one, "improves, but practice travels in a circle." We cannot agree in this opinion, fortified though it be by an authority which has a certain rank in literature which can point an epigram very dexterously, or cause words to flow in the liquid harmonies of verse, but which

may, perchance, be not esteemed as quite paramount in the practical matters of the medical profession. No! no! every man of common sense and of observation on this subject knows that this opinion is not co: rect. Practical medicine does advance, is improving, and well, I repeat, it is for the people of our city that not a few of our physicians regard our art and our science in this, its true light; they believe that medicine is improving, and they have determined to keep step with its advance.

Turning to the graduates, Dr. Mason said:

Gentlemen Graduates—If I have in my remarks this evening departed from the practice prompted by the ordinary proprieties of such an occasion as the present, and rendered venerable by usage, and by example—if I have omitted to address to you the words of counsel and of warning, which you may have expected—it was because circumstances seemed to require of me some explanatory statements, such as I have endeavored to make; but more especially it was because the duty of tendering to you the parting advice and admonitions of your preceptors was committed to one of them peculiarly qualified to describe to you the measures by which you should endeavor to attain to that professional success of which he is so eminent an example.

But, gentlemen, I cannot refrain from expressing to you the sincere interest with which the authorities of your alma mater have observed your diligence and your correct deportment; and the gratification which they have felt at the evidences of your improvement, under the instructions which you have received. You have won for yourselves, gentlemen, the respect and regard of your teachers, and of all connected with the collegiate department of the institution. Nor will their interest in you cease with the termination of those relations in which you and they have been united.

As the heart of the parent follows to the remotest regions the footsteps of his sons, so their best wishes will follow you into the distant and various theatres of your professional labors. They will rejoice at every report of your success—their aid be at your service wherever it may avail you.

Go on, gentlemen, as you have begun, with the determination to excel. Devote yourselves with untiring energy to the study as well as to the practice of your profession. Do not fall into the error (too common) of supposing that you should no longer be students because you are physicians. Recollect that the first years of your profession-

al life are amongst the most important, inasmuch as in them your whole professional character will take its permanent shape and form. Avoid all idle, scrupulously avoid all vicious habits. Cultivate true honor, and practice it in all circumstances towards your fellow-men. Let the "Golden Rule" guide you in your intercourse with your professional brethren. Do unto them as you would that they should do unto you. Be at peace, "so far as in you lies, with all men;" especially be at peace, each one of you, with his own conscience, "the monitor within." Much philosophy you will need to sustain you amidst the peculiar trials of a medical life; need I remind you that the best philosophy for this purpose is the philosophy of the Bible? Above all things, then, secure the favor and rely religiously upon the aid of the Great Power made known to man there. So shall you pursue the even tenor of your way, peacefully and usefully through this, to the rewards and peace of the future life.

Dr. Mason's remarks were listened to with great attention, and at their close the band played "Auld Lang Syne."

Dr. Austin Flint, Professor of the Theory and Practice of Clinical Medicine in the Hospital, then delivered an eloquent address. It was addressed for the most part to the students, and abounded with plain practical remarks, which they cannot but profit by. The Professor, after referring to the success which had attended the College during its brief career, said:

It would animate its directors with a desire to increase its facilities and augment its resources. During the ensuing session each of its departments will be strengthened. He was glad to be the first, after their President, to address them by their new titles. Heretofore they were scholars; he now saluted them in the name of the faculty as coequals and brethren. He was proud to have the College represented after its first session by a class so able. The Long Island College Hospital differed from medical colleges generally in this, that colleges generally were founded through the personal exertions of the professors who were benefited by them. This, however, was governed by a council composed of medical men who had no desire or intention to take part in the course of teaching in the institution. The Professor went on to speak of professional success, what it is and how it is to At the start, he said, they would have to begin with practice among the poor. You cannot choose your practice; you must choose those that choose you; must commence with those of whom Boerhaave said they were his best patients, for they had God

for their paymaster. A poor practice should not be refused; it led to a better. And while it was right on the score of policy, they would have the satisfaction of doing at the same time a work of charity. To be successful in acquiring practice, the physician must want it; he must have a taste for it. If a distaste for it could not be overcome, the sooner the physician abandoned the profession the better. It was a mistake to suppose that practice was to be acquired by going into society. Men will not trust what is most precious on earth to those they meet in the ball-room; to think that it will be acquired by cultivating convivial habits is a still greater error. The obsequiousness of physicians had become proverbial; the desire to avoid this led Abernethy to a contrary extreme. He blushed for his profession when he was told that families, on their settling down in new abodes. received their first invitation to social intercourse from the families of physicians, the motives of course being well understood. He advised the graduates to always cultivate a manly tone in dealing with their patients. If the value of their services is distrusted, they cannot be successful in a case; then they should without delay withdraw from it.

He cautioned them against the error of believing that practice would be increased by low charges. He said they should not be deterred by undue modesty into under-estimating the value of their services when employers were able to pay well; let them beware of being called cheap doctors; for the community would readily put the same estimate upon them which they put upon themselves. Besides, it would permit them of being able to exercise the precious boon of giving gratuitously their services to the needy. Above all, they should remember that theirs was a progressive science, always advancing; it was their duty to keep in the van-guard of its progress. There were monumental physicians, who were specimens of the condition of the science in the various stages of its progress; these men . always were looking backward, not remembering the fate of Lot's These men made great noise about the want of a more thorough education for students entering the profession, but they should remember that physicians themselves needed to be educated up to the time in which they live. New graduates went out among these monuments as missionaries to show them the new discoveries and revelations of medicine. He hoped, too, that some of them would exert themselves to extend the sphere of medical knowledge, and he enforced upon them the necessity of desire, purpose, and patient, persevering labor in the formation of the eminent physician. He advised

courtesy to the profession, and said that a true reputation should come from it. They were their peers, and their peers only were competent to judge them.

After an affecting farewell to the students, the speaker sat down amid loud and long-continued applause.

The valedictory address was delivered by Mr. Morrison, one of the graduates. It was a very able production, and alternated from "grave to gay," in a very amusing way. He concluded with a handsome compliment to Profs. Dalton and Flint, the council and faculty of the college, and thanked, on behalf of the graduates, the citizens of Brooklyn, whose courtesy and hospitality did so much to make their stay among us agreeable. He said they would never forget them, their beautiful city, or their cherished Alma Mater.

A bouquet and many plaudits were bestowed on Mr. Morrison. After music by the band and the benediction by Dr. Storrs, the large assembly dispersed. The faculty and graduates partook of the hospitality of Dr. Mason at the close of the exercises.

## SELECTIONS.

### Quinine, a Prophylactic of Intermittent and Remittent Fevers.

By H. W. DE SAUSSURE, M.D.

Read before the South Carolina Medical Association, February, 1860.

I desire to record a few observations on the power of quinine to protect the constitution against attacks of fever in those habitually exposed to malarious influences. A case which came to my knowledge years ago, and which I shall hereafter relate, first drew my attention to this subject. Subsequent facts, obtained from experiments on the African coast, have contirmed the experience derived from this individual case; and I think that I have been able to collect a sufficient number of data to render the opinion plausible, if not conclusive, that quinine possesses the power of protecting the white man from attacks of intermittent and remittent fever, or its collaterals, when exposed for even long periods to malarious influences; and, moreover, that its daily use is in no wise injurious to health; nor does its habitual use render the system insusceptible of its remedial powers.

It is well known that during the years 1840-41, the English Government sent an expedition into Africa, to explore the sources of the Niger River. The expedition consisted of two vessels, well manned,

and fitted with all the appliances and comforts that skill could devise, for securing the health of the men about to undergo a prolonged stay in a region well known to be deadly to the white man, from the severity of its malarious diseases. The disastrous results of that expedition are well known. Of the two ships' crews, none escaped more or less severe attacks of fever; few returned alive to England; and the expedition was necessarily abandoned, after two years of struggle with the fearful endemics of the swamps of that deadly river.

More recently, in 1854-'55, the British Government determined to renew the effort to explore the Niger. They again sent two vessels. to remain in the river during two years. The results of the second expedition were very different from those of the first. Few of the officers or crew were attacked with fever, and in those attacked the disease was slight and easily controlled. The apparent cause of this striking difference in the health of the crews of the two expeditions was believed to lie in the free and daily use of quinine by the officers and men of the expedition, from the time of entering the river until they left it. The quantity administered to each individual daily was five grains, which was required to be taken in the morning before exposure on the decks of the vessels. Under this treatment it was found that no attacks of fever occurred during the time the vessels were in the river. As soon as the vessels left the river, which they were obliged to do by the annual fall of its waters, the quinine was discontinued. Some of the crew were then attacked with fever, which, however, speedily yielded to renewed doses of quinine, showing that its continued use during several months had not destroyed the susceptibility of the system to its remedial action. In consequence of the occurrence of these cases of fever, the quinine was resumed as a daily allowance, and no other cases occurred. It was finally ascertained, as the result of several subsequent trips up the river, that it was necessary to continue the use of quinine for fifteen days after prolonged exposure to the malarious influences of the river, in order to insure entire immunity from attacks of fever. It is, moreover, stated that during the time the quinine was being administered, the general health of the officers and men improved much, and their general aspect was that of men in robust health.

The importance of these facts to a country abounding, like our own, with malarious forms of disease, is undoubted. The question of how far quinine may be depended upon as a protective against malarial fever, and to what degree it can induce in the white man a capability

of living in health while exposed to the fatal masma of our swamps and cultivated lands, becomes one of deep import to us. Is quinine a prophylactic against malarious fevers? If it is, can it be taken in safety, without injury to the general health, and for how long periods? The last of these questions has been answered to a certain extent by the results of the Niger expedition. For two years the crews of the exploring vessels took quinine daily, for a period of from three to five months, not only without injury, but with absolute benefit to their general health. And not only was their general health benefited, but if they were attacked with fever from discontinuing the remedy too early after exposure, the curative powers of the drug were as marked as if it had never been used before. For how long a period this may be continued, a fact within my own knowledge may tend somewhat to I was much interested in the statements made to me at the time, but as it was then only an isolated case, not sufficient of itself to justify any positive conclusions, it was retained as a subject for future investigation. The results of the second Niger expedition now give to this case a vastly enhanced value.

An overseer agreed to take charge of several rice plantations in one of the sickliest regions of rice culture, undertaking to spend the summer months on one of the plantations. He made no inquiry as to the health of the one chosen as his residence; it was selected from its convenient locality. When warned of the danger of his residing there in summer, he said he would never have the fever. confidence in his capacity to resist malarious disease seemed unlimited. The result fully justified this confidence. He lived ten years or more in that neighborhood, spending every summer on the plantation, varied only by an occasional visit to the healthy pine land, where his family resided during the summer. He visited his rice-fields without hesitation at any hour, day or night, that his business required. had an attack of fever during that time. I saw him after he had been there several years; a finer specimen of robust health would have been difficult to find.

It was ascertained, on inquiry, that it was his habit to take quinine daily, during the summer, before leaving his house; the quantity he did not know, for he never weighed it. He died finally of apoplexy, which any one who saw him would have predicted as the probable cause of his death. His entire and complete confidence in his ability to resist fever in so malarious a region, is strong evidence that he had been in the habit of using it, and was well satisfied of its prophylactic

virtues. This case, is conjunction with the statements from the officers of the Niger expedition, would appear to prove that quinine may be used under exposure to malarious influences for an indefinite period, not only without compromising the general health of the individual or injuring the constitution, but as surely protecting the system from the inroads of malarious disease.

Some other facts tending to show the prophylactic powers of quinine were collected during the past summer. Two white men were employed during the whole summer in a malarious region, at the head of one of the rice rivers—the one to superintend plantation work, and the other to bring produce down the river in a coasting vessel. The latter was of course much exposed in his passage up and down the river in the midst of a rice-growing region. He was urged to take quinine daily; he did do so during the early part of the summer; but judging his health perfectly good and himself free from fever, he discontinued its use, considering it no longer necessary. He was soon afterwards-within fourteen days-attacked with a mild form of malarious fever; this attack was easily cured by quinine; he took it daily during the remainder of the summer, and escaped any further attacks of fever. The other man, who was employed on the plantation, had lived all his life in the city; was entirely unaccustomed to malarious influences, and, therefore, according to all our reasoning, a fit subject for a severe attack of the disease. His occupation, moreover, required him to be exposed late in the evening and very early in the morning. being frequently wet up to his waist from the dews lying on the rank vegetation, through which he had to wade in passing to and from his business. During the early part of the summer he went to reside in an unhealthy pine land, occupied by some overseers, with their families. Warned of the unhealthy nature of his daily occupation, and the risk he incurred at his summer residence, he took, daily, five grains of quinine before he went out of the house, and endeavored to persuade those around him to pursue the same course, which they refused to do. By August he was the only individual of the settlement who had not had an attack of fever. Satisfied of the immunity secured to him by the quinine, he then determined to return and live on the plantation, as being nearer to his business. This he did in the latter part of August, and there he remained during the rest of the summer and fall. without suffering from fever. On the morning in November on which the first hard ice occurred, he discontinued the quinine, thinking it no longer necessary; ten days after, he had a pretty smart attack of

remittent fever, which, however, yielded readily to a few large doses of quinine.

This case is one of great importance. A man accustomed to city life goes into a malarious region, resides among those who from long habit were in a manner acclimated to its influence, and, as far as our experience teaches, less liable to its inroads, he alone, under the daily use of quinine, escapes the fever; all the others, including women and children, are more or less severely attacked. It serves further to confirm the experiences of the second Niger expedition. They found it necessary to continue the use of quinine for fifteen days after exposure to the sources of malaria. This man ceased its use the very first day he saw ice on the ground; in ten days he had an attack of fever. entire exemption during the summer almost certainly proves that, had he continued his prophylactic doses a few days longer, he would have Another fact, illustrated by this case, is, that the entirely escaped. daily use of quinine does not so habituate the constitution to its effects. as to deprive it of its remedial powers in the treatment of remittent This man was as easily cured by quinine as if he had never taken a dose of it before. It may also be stated that he went into the country in very feeble health; during the summer he became strong. robust, and perfectly healthy. In the same neighborhood in which this man lived, there came three men to reside, with a view of collecting turpentine; they were advised to take quinine daily, as the region was a very unhealthy one. Two declared themselves accustomed to a malarious atmosphere, and declined to do so; the third consented, and used it daily during the summer. The three men lived in the same house, went to and returned from their occupations together, and were in all respects similarly situated. The man who used quinine daily was perfectly well during the whole summer; the others, who did not, had very severe attacks of fever.

I was called in August to see one of the contractors on the Charleston and Savannah Railroad, laboring under a very severe attack of remittent fever, contracted during superintendence of his contract between the Ashepoo and Combahee Rivers, notoriously a very unhealthy region.

During his convalescence, he informed me that he would have to return to his work on the road, where he had a large number of hands employed, (150;) that they were negroes brought from healthy regions in North Carolina, and he expected all of them to be more or less sick, as they were entirely unaccustomed to a malarious climate. I advised

him to take quinine daily himself, and to give it to all his hands, white or black. Late in the fall, I met him in the city; he looked healthy and well. He thanked me for the advice I had given him; told me he had carried up some pounds of quinine; had used it himself daily, and compelled all his employees to take it also; that he himself had never had another attack of fever, that his health was better than it had ever been, and that not a single one of the 150 hands he employed had been attacked by fever. In fact, he said "the only case of sickness I have had was in a negro who came from North Carolina sick."

The last instance which I shall bring before you, though less conclusive than the others, is of some importance as corroborating the testimony derived from the preceding facts. A gentleman more than ten years ago purchased a rice plantation under very disadvantageous circumstances. He was necessarily compelled to give it a great deal of his personal supervision, during the process of clearing out old ditches, and digging new ones and opening canals, being thus exposed to the most fertile sources of malaria, remaining in his rice-fields frequently, during summer, until long after nightfall-occasionally until midnight. Although not professedly taking quinine daily, he virtually did so, as he never felt the slightest deraugement of his general health without resorting to ten-grain doses of quinine. This was repeated so frequently as almost to amount to its daily use. He has never, in the ten or twelve years during which he has led this life of exposure, had the slightest attack of fever.

In further confirmation of these facts, I find the following statements in the Lancet for December, '58, and February, '59. Speaking of the last advices from the Niger expedition, it is stated: "Dr. Barker and the Government members of the expedition were in excellent health after their twelve months' encampment on the banks of the Niger. The comparative immunity which they have enjoyed from African diseases is ascribed to the free use of quinine, with which they were abundantly supplied." On the subject of the health of the African explorers, it is said: "The last accounts of Dr. Livingstone are more cheerful; the general health of the party was good; a free daily use of quinine having warded off the pernicious fevers of the country."

In a subsequent number of the *Lancet* we find the following short, but pertinent statement: "Accounts have been received from both of the African expeditions—the health of Dr. Livingstone's party continued good; Dr. Barth's had suffered severely from fevers of the climate. This difference is attributed to the free and daily use of

quinine, by the former, with which they were liberally supplied." Further evidence of the prophylactic virtues of quinine has also been offered by many officers of the British Government stationed on the coast of Africa, in reports made from their various stations, collected and arranged by Dr. Alexander Bryson. It is unnecessary to make any more citations of facts, drawn from the reports from the African Sufficient proof has been adduced to show that the daily use of quinine in the malarious regions of Africa is capable of so modifying the system as to render it capable of resisting the deleterious influence of the climate, and protecting the individual from remittent or intermittent fever. The few facts which I have been able to collect on this continent, in our own malarious regions, also show, so far as they go, that it possesses the same property here also-that its daily use protects from fever. Moreover, it is evident from the above cited facts, that not only is its habitual use not injurious, but the parties to whom it was administered enjoyed even better health than they had previously.

To what properties of quinine are we to attribute this prophylactic virtue? The solution of this question is beyond the limits of existing We know that ague and malarious diseases generally are cured by quinine. This fact is now so well known and admitted that it is considered almost a specific for ague. It is a fact which we have learned from experience, indisputable, but inexplicable in the present state of our knowledge. It is the generally received opinion that intermittent and remittent fevers are the result of the absorption and circulation in the blood of some subtle poison, undetectible by chemical analysis, manifested only by its results upon the system; that quinine in some way neutralizes and destroys this poison, and its effects then cease. Dr. Easton, in a communication to the Glasgow Medical Journal, (October, 1858,) thus endeavors to explain the prophylactic powers of quinine: "It being admitted that the phenomena of ague are the manifestations of a peculiar poison in the blood, and it being undeniable that quinine cures the disease, it appears to be a fair inference, that the medicine, in its relation to the poison, exhibits the behavior, and, in some respects, answers the description, and deserves the name, of an antidote. It does not militate against this assumption, that we cannot detect in the excretions any new compound which has been formed between the bane and counteracting agent. The poison itself is subtle and intangible; its pernicious operations are conducted in a laboratory which is not open to human inspection; and,

therefore, while, in the nature of things, we may not have direct proof of antidotal influence, such as is afforded in many instances, where other poisons are rendered inert, we have the evidence of undoubted salutary change and of unquestionable analogy in its favor." Whether this theory of Dr. Easton be correct or otherwise, future experiment and a more extended knowledge of organic chemistry can alone determine. At present we only know from its presence that quinine cures intermittent and remittent fevers, with almost absolute certainty, if certainty can be predicated of any remedy in disease. That it also possesses powerful prophylactic powers against the same diseases, the above cited facts seem decidedly to prove. These prophylactic powers we can no more explain than we can its remedial powers. They must both, remedial and prophylactic, rest, as much of our therapeutic knowledge does, for the present, upon experience alone.—Charleston Med. Journ. and Rev.

### ABDUL-MEDJIDH,

Though a very moderate ruler, has an excellent idea of the value of physic. In a late tour through his provinces he picked up a fever, and very happily so for his doctor, Caratheodory. A few doses of sulphate of quinine appear to have put the Imperial patient on his legs again, and so relieved the tremblings of an anxious list of court hangers-on. it appears, that when the Sultan is proclaimed convalescent after an illness, it is the custom of all the members of the Imperial family, for all the high dignitaries and functionaries, to make the presiding Medical genius a present. Of course the degree of these gentlemen's joy is measured by the size of their present; and the joy being very great on the occasion in question, Dr. Caratheodory has come in for some three or four hundred thousand francs' worth of jewels, objects of art and presents of all kinds. Then comes the Sultan's turn, and for his fee he gives the Doctor a magnificent domain. It would seem to be only among demi-civilized and savage nations that the doctor receives proper respect. However, there may be a reverse to the medal even here: for we are not told what M. Caratheodory's fee would have been if his affectionate friends had lost their befoved master, Abdul! All the world cried out against M. Lallemand when he charged Ibraham Pacha 200,000 francs for an operation on the urethra; but it is clear that Lallemand understood the ways of Orientals.

#### THE ARSENIC EATERS OF STYRIA.

By CHARLES HEISCH, Lecturer on Chemistry at the Middlesex Hospital.

At the last meeting of the Manchester Philosophical Society I observe that Dr. Roscoe called attention to the arsenic eaters of Styria. Having for the last two years been in communication with the medical men and other residents in the districts where this practice prevails, I shall feel obliged if you will allow me through your journal to make known the facts I have at present collected. The information is derived mainly from Dr. Lorenz, Imperial Professor of Natural History, formerly of Salzburg, from Dr. Carl Arbele, Professor of Anatomy in Salzburg, and Dr. Kottowitz, of Neuhaus, besides several non-medical If human testimony be worth anything, the fact of the existence of arsenic eaters is placed beyond a doubt. Dr. Lorenz, to whom questions were first addressed, at once stated that he was aware of the practice, but added, that it is generally difficult to get hold of individual cases, as the obtaining of arsenic without a doctor's certificate is contrary to law, and those who do so are very anxious to conceal the fact, particularly from medical men and priests. Dr. Lorenz was, however, well acquainted with one gentleman, an arsenic eater, with whom he kindly put me in communication, and to whom I shall refer again more particularly. He also says that he knows arsenic is commonly taken by the peasants in Styria, the Tyrol, and the Salzkammergut, principally by huntsmen and wood-cutters, to improve their wind and prevent fatigue. He gives the following particulars:

The arsenic is taken pure in some warm liquid, as coffee, fasting, beginning with a bit the size of a pin's head, and increasing to that of a pea. The complexion and general appearance are much improved, and the parties using it seldom look so old as they really are; but he has never heard of any case in which it was used to improve personal beauty, though he cannot say that it never is so used. The first dose is always followed by slight symptoms of poisoning, such as burning pain in the stomach and sickness, but not very severe.

Once begun, it can only be left off by very gradually diminishing the daily dose, as a sudden cessation causes sickness, burning pains in the stomach, and other symptoms of poisoning, very speedily followed by death.

As a rule, arsenic eaters are very long-lived, and are peculiarly exempt from infectious diseases, fevers, &c.; but unless they gradually give up the practice, invariably die suddenly at last.

In some arsenic works near Salzburg with which he is acquainted,

he says the only men who can stand the work for any time are those who swallow daily doses of arsenic, the fumes, &c., soon killing the others. The director of these works, the gentleman before alluded to, sent me the following particulars of his own case. (This gentleman's name I suppress, as he writes that he does not wish the only thing known about him in England to be the fact that he is an arsenic eater; but if any judicial inquiry should arise which might render positive evidence of arsenic eating necessary, his name and testimony will be forthcoming.)

"At 17 years of age, while studying assaying, I had much to do with arsenic, and was advised by my teacher, M. Bonsch, Professor of Chemistry and Mineralogy at Eisleben, to begin the habit of arsenic I quote the precise words he addressed to me. 'If you wish to continue the study of assaying, and become hereafter superintendent of a factory, more especially of an arsenic factory, in which position there are so few, and which is abandoned by so many, and to preserve yourself from the fumes which injure the lungs of most, if not of all, and to continue to enjoy your customary health and spirits, and to attain a tolerably advanced age, I advise you—nay, it is absolutely necessary, that besides strictly abstaining from spirituous liquors, you should learn to take arsenic; but do not forget when you have attained the age of 50 years gradually to decrease your dose, till from the dose to which you have been accustomed, you return to that which you began, or even less.' I have made trial of my preceptor's prescriptions till now, the 45th year of my age. The dose with which I began, and that which I take at present, I inclose; they are taken once a day. early, in any warm liquid, such as coffee, but not in any spirituous The doses sent were No. 1, original dose, three grains; No. 2, present dose, twenty-three grains of pure white arsenic in coarse Dr. Arbele says this gentleman's daily dose has been weighed there also, and found as above. Mr. - continues: "About an hour after taking my first dose, (I took the same quantity daily for three months.) there followed slight perspiration with griping pains in the bowels, and after three or four hours a loose evacuation; this was followed by a keen appetite, and a feeling of excitement. With the exception of the pain, the same symptoms follow every increase of the dose. as a caution, that it is not advisable to begin arsenic eating before the age of twelve or after thirty years." In reply to my question, if any harm results from either interrupting, or altogether discontinuing the practice, he replies, "Evil consequences only ensue from a long-contin-

ued interruption. From circumstances, I am often obliged to leave it off for two or three days, and I feel only slight languor and loss of appetite, and I resume taking the arsenic in somewhat smaller doses. On two occasions, at the earnest solicitations of my friends, I attempted entirely to leave off the arsenic. The second time was in January, I was induced to try it a second time, from a belief that my first illness might have arisen from some other cause. On the third day of the second week, after leaving off the dose, I was attacked with faintness, depression of spirits, mental weakness, and a total loss of the little appetite I still had; sleep also entirely deserted me. On the fourth day I had violent palpitation of the heart, accompanied by profuse perspiration. Inflammation of the lungs followed, and I was laid up for nine weeks, the same as on the first occasion of leaving off the Had I not been bled, I should most likely have died of apoplexy. As a restorative, I resumed the arsenic eating in smaller doses, and with a firm determination never again to be seduced into leaving it off, except as originally directed by my preceptor. The results on both occasions were precisely the same, and death would certainly have ensued had I not resumed arsenic eating." One of the most remarkable points in this narrative is, that this gentleman began with a dose which we should consider poisonous. This is the only case of which I have been able to obtain such full particulars, but several others have been mentioned to me by those who knew the parties and can vouch for their truth, which I will briefly relate.

One gentleman, besides stating that he is well aware of the existence of the practice, says he is well acquainted with a brewer in Klagenfurth, who has taken daily doses of arsenic for many years. He is now past middle life, but astonishes every one by his fresh juvenile appearance; he is always exhorting other people to follow his example, and says—"See how strong and fresh I am, and what an advantage I have over you all! In times of epidemic fever or cholera, what a fright you are in, while I feel sure of never taking infection."

Dr. Arbele writes—" M. Curator Kursinger, (I presume curator of some museum at Salzburg,) notwithstanding his long professional work in Lungau and Binzgau, knew only two arsenic eaters—one the gentleman whose case has just been related, the other the ranger of the hunting district in Grossarl, named Trauner. This man was at the advanced age of 81, still a keen chamois hunter, and an active climber of mountains; he met his death by a fall from a mountain height, while engaged in his occupation. Mr. Kursinger says he always

seemed very healthy, and every evening regularly, after remaining a little too long over his glass, he took a dose of arsenic, which enabled him to get up the next morning perfectly sober and quite bright. Professor Fenzl, of Vienna, was acquainted with this man, and made a statement before some learned society concerning him, a notice of which Mr. Kursinger saw in the Wiener Zeitung; but I have not been able to find the statement itself. Mr. Krum, the pharmaceutist here, tells me that there is in Sturzburg a well-known arsenic eater, Mr. Schmid, who now takes daily twelve and sometimes fifteen grains of arsenic. He began taking arsenic from curiosity, and appears very healthy, but always becomes sickly and falls away if he attempts to leave it off. The director of the arsenic factory before alluded to is also said to be very healthy, and not to look so old as 45, which he really is.—Phar. Journ.

#### THE CURE OF DEAFNESS.

The Bulletin de Thérapeutique, of the 30th April, contains a valuable article on the cure of deafness by Mdlle. Cléret. The remedy used by that lady, and which has been found very efficacious, is sulphuric ether, from four to eight drops of which are daily dropped into the ears of children, and double the quantity into the ears of adults. The manner in which Mdlle. Cléret thought of the ether is as follows: Mdlle. Cléret, a private teacher in humble circumstances, had been deaf for several years, and to such an extent as to prevent her from following her calling, when by chance she discovered a remedy which cured her; and as her hearing improved, she thought of applying the same remedy upon two deaf and dumb children who were day scholars in her little establishment. She succeeded beyond her expectations, and forthwith devoted herself to the education of the poor little sufferers from deafness. With so much zeal and disinterestedness did she carry out her project, that the French Academy bestowed upon her the Montyon prize for "virtue and charity." As, however, she had sorely to struggle with the res augusta domi, Molle. Cléret wrote to the Minister of Public Instruction for assistance, so as to be enabled to go on with the treatment of the poor. The minister deputed M. Béhier. a physician of high standing in Paris, to make inquiries about the matter; and the latter was so struck with the results, that he requested that a committee should be appointed to test Mdlle. Cléret's method. This committee met for the first time in October, 1856; and examined,

every three months, the state of the children put under treatment. These investigations were being carried on until lately, when the sudden change of fortune, and especially the attempts of a specialist to wrest her secret from her, drove the poor woman mad. And now that she has been declared incurable, the committee have been obliged to send in their report, which is satisfactory in many respects, though somewhat incomplete, from the sudden cessation of Mdlle. Cléret's labors.

—Medical News.

### The Number of Children a Woman can Bear.

The question of how many children a healthy woman can bear. during the child-bearing period of her existence, is one of some interest. If a couple live harmoniously together during a long life, and marriage has taken place very early, it is quite possible that as many as 24 may have been born to the State, at intervals reasonably short, and without their coming as twins or triplets. Amongst the poorer classes this regularity is met with, although even amongst them a pretty large number of children are born. On looking over the Register of the St. Pancras Royal Dispensary since the year 1853, six instances occur in which over 16 children were born; thus, two patients, aged 42 and 46 years respectively, were each confined of their seventeenth child; one. aged 39, of her eighteenth; whilst three, aged respectively 39, 40 and 50, were confined of their nineteenth. The last patient, 50 years of age, besides her 19 children, had 4 miscarriages. In most of these cases the births were single, although occasionally twins were born. The greatest age was 50. Dr. Gibb states that, on a careful examination of the Register for many years back, the age of 50 is the highest at which any patient was admitted; and as the same patient did not present herself again, it is probable she ceased to bear children.

If the cessation of the catamenia determines the time at which gestation ceases, then it must occur in some instances as late as 55 or even 60 years; for M. Brierre de Boismont, who determined the critical period of life in 181 females, found that it occurred in 21 between 51 and 55 years, and in 5 between 55 and 60 years.

In considering the number of children a woman can bear, we of course here exclude those cases of multiple births, wherein from 2 to 6 children are born at one time, and which thus will swell the number of children brought into the world by one woman to as many as from 25 to 69.—

Lancet, Sept. 17.

### Death from the careless Use of a Hair Dye.

By W. E. A. AIKIN, M.D.,

Prof. Chem. in University of Maryland.

PROTER—Dear Sir: The subjoined extract from a letter received a few days since from a young medical friend in an adjoining State needs no preface. All names are withheld, for the simple reason that my business concerns the wrong done, without regard to the wrong-doer.

"One of my neighbors lost a child a few days ago, supposed to have taken not exceeding f. 3ss. of the contents of the accompanying phial. If the mother be correct, I do not think the child could have taken more than a few drops. The child came into the room with the phial in one hand and the cork in the other, and got up in the chair her mother had just left, was there unnoticed for a minute, and was then discovered in the act of falling, still grasping the phial. She was quite senseless and never moved afterwards, yet breathed (from their account) at long intervals for 15 or 20 minutes, when death relieved her sufferings. I gave 20 drops from the phial to a pup, and it died in 5 I then gave f. 3ss. to a large cat, and it died in one minutes. The phial is supposed to be ______'s Hair Dye, as it is labeled precisely like that. There is a young man living in the family where the accident occurred who has the above Hair Dye, but he has only the phials marked Nos. 1 and 2. He says his phial No. 3 got broken long since. It seems to me that if a man were to put such an article in Hair Dye without cautioning the public, he would be liable to be punished, at least he ought to be. I will be obliged if you will examine the contents of the phial and let me know what the liquid contains."

The phial accompanying the letter was labeled No. 3, and contained a few drachms of a clear liquid, of a slightly yellowish tinge, a strong alkaline reaction, slightly ammoniacal, as shown when a glass rod moistened with hydrochloric acid was brought near it, and possessing the unmistakable odor of hydrocyanic acid, and having a specific gravity of 1.0525. One fluid drachm distilled with excess of dilute sulphuric acid and passing the vapor into a solution of nitrate of silver, gave me a precipitate of cyanide of silver weighing when dried grs. 10.30. A portion of this precipitate ignited in a small glass tube gave free cyanogen, which burned with its characteristic flame, and left a solid residue of metallic silver. A portion of the acid liquid left in the retort was then neutralized with a solution of pure soda, evaporated to dryness, ignited and re-dissolved; and in the solution thus

obtained, bichloride of platinum and carbazotic acid both showed the presence of Potassa. It thus became evident that the phial had contained a solution of cyanide of kalium, a well-known deadly poison. which, owing to its extensive use in certain electro-metallurgic operations, and other processes of the present day, that render it easily procurable, has been the frequent cause of death within a few years past. Since the one fluid drachm gave grs. 10.30 of cyanide of silver. the equivalent of cyanide of kalium would be grains 4.99, which would represent the strength of the solution. But it occurred to me that a part of the cyanogen obtained might possibly have been supplied from cvanate of potassa, present either as an original impurity in the commercial cyanide, or as a spontaneous product from a solution of pure cvanide. Such solution, it is well known, becomes in part converted into the cyanate by exposure to air, and from this under certain circumstances free ammonia would be liberated. Prof. Graham suggests as a simple means for determining the purity of cyanide of kalium, to note its solvent power for peroxide of mercury, stating that grs. 12 of the pure cyanide in solution will dissolve exactly grs. 20 of the perox-By agitating f.3j. of the liquid with an excess of finely pulverized peroxide of mercury, I found that it would dissolve exactly grs. 7, and this, according to the formula of Pro. Graham, would represent grs. 4.20 of pure cyanide. The difference between grs. 4.20 thus obtained and grs. 4.99 as deduced from the weight of the cyanide of silver product, might thus represent the cyanate of potassa accidentally present.

I now made a solution of the commercial cyanide of kalium in the proportion of grs. 5 to one fluid drachm. This solution had a specific gravity of 1.050, showed the usual alkaline reaction, gave an appreciable quantity of free ammonia, and had its inseparable odor of hydro-And with the exception that it was more nearly limpid. agreed in all essentials with the contents of the phial under axamination · As there seemed to be room for reasonable doubt whether the party named by my friend as supplying the Hair Dye was really to blame, or whether one of his phials had been improperly employed to contain a poisonous solution, I thought it best to procure directly from the manufacturer through the agency of Adam's Express a box of the Hair Dye in question. The box contained three phials labeled Nos. 1, 2 and 3, with printed directions for use. No. 3 of the box was exactly like No. 3 sent to me, in shape and size and label, and in its contents, being a solution of cyanide of kalium. No. 1 contained an alkaline sulphide, principally, if not wholly, sulphide of ammonium.

with its disagreeable odor in good part concealed, apparently by rose-water. No. 2 contained a mixed solution of the ammoniacal oxides of silver and copper. These two phials produce the dye. No. 3, as I had suspected, was needed for its solvent power, to remove any accidental stain on the skin made by the dye, and professed to be supplied for that purpose alone. A few drops from Nos. 1 and 2 mingled in a test-tube with water gave at once a dark precipitate of the mingled sulphides of silver and copper. This precipitate was promptly dissolved on adding a few drops from phial No. 3, and quite as promptly disappeared when acted on by my solution of cyanide of kalium.

The character of the solution in the phial sent to me, the No. 3 of the Hair Dye, and its fitness for the purpose for which it is intended is thus sufficiently apparent. Whether the proprietor of the preparation is excusable in supplying the public with such a deadly poison. without a word of warning that might induce some little caution in keeping and using it, is a question for the public and the authorities to decide. The party must have been aware, or should have been. that this compound, so harmless when used in accordance with the directions, if taken internally becomes one of the most rapidly fatal poisons known; scarcely inferior in this respect to hydrocyanic acid itself, and like that, so rapid and so virulent in its action, as to be almost beyond the reach of antidotes. It can be no consolation to the parents, whose little one has perished so suddenly and so horribly, to be told that the one who furnished the deadly draught never intended it to be used in that way, and I cannot help concluding with my friend that any one who could be guilty of such carelessness, if not liable to be punished, at least ought to be.

#### Fœtid Sweating of the Feet.

Mr. Gaffard recommends, as a most effectual agent, the applying between the toes of a few drops of the following liquid. An application once a week is usually sufficient, but during summer it may sometimes be required to be made daily: Red oxide of lead 1 part, and the liquor of the subacetate of lead, of the French Codex, (3 parts of acetate, and 1 of litharge, to 9 of distilled water,) 29 parts; bruise the sesquioxide of lead in a porcelain mortar, and add the liquor gradually, directing the bottle to be well shaken whenever it is used.

#### POSITIONS IN PARTURITION.

By B. Dowler, M.D.

The postures of parturient patients, and the attitudes of their assistants, as practiced a quarter of a century ago, and perhaps still in Northwestern Virginia, have not, so far as I know, been made public. These consist, as the sequel will show, chiefly of two groups, as witnessed during the last stage of labor-a stage easily recognized, not only by a digital examination, but by the cries or language of the patient, by her deep inspirations, with the holding of the breath, or a long breath, to give greater force to the extrusive actions of the expiratory and abdominal muscles; congestive flushings of the face, distention of the frontal, facial, and jugular veins; general muscular tension: the holding to and pulling by anything within grasping distance during the expulsive pains, etc. These and other kindred phenomena. precursors of the impending crisis, show that the mental and bodily strain of childbirth has arrived; the sympathies of friends and attendants are excited. All, not excepting the accoucheur, wish that this stage of the labor (agony it might be called) should be completed with the utmost speed consistent with the well-being of mother and The fœtal head no longer recedes, but produces more or less pressure, even in the intervals of the paroxysmal throes, the unusual prolongation of which gives the medical attendant a degree of uneasiness which the preceding stage, however protracted, seldom, if ever, excites. Hence, every facility, in anywise calculated to aid the natural forces of the patient, is put in requisition. Even the appearance of physical help, though it may be intrinsically powerless, will, if harmless in itself, be highly beneficial, from its psychical influence in inspiring courage, confidence and hope. With this view, the following plan was often adopted, particularly in rural practice, in the country above mentioned, and it probably still prevails.

The husband is now called in, sits on a chair, his wife on his lap; his knees separated, sometimes bound with a cloth, so that this separation may be the less fatiguing; two chairs are placed before the patient, some distance apart; she places her feet, having shoes on, so as to rest upon the rounds or frames of the chairs; two female assistants sit on these chairs, causing them to be immovable during the expulsive pains; while the helpers press with one hand or with chest against the patient's knees, with the other hand each takes one of the patient's hands, who pulls during the pains, and also presses her feet

against the chairs, and her back against her husband, her knees being supported by her assistants, the accoucheur sitting before the patient and between the assistants—a most convenient attitude, should his services be required.

During the expulsive throes, and, indeed, all the time of the labor, the patient takes neither the horizontal nor vertical sitting posture, but is reclined or semi-recumbent, except when, during the intervals of the pains, she rises or changes her attitude to prevent fatigue.

This plan (which owes its origin, so far as I know, to the people,) appears to give the woman a complete control over all the voluntary forces auxiliary to that of the uterus itself. But it fatigues all her attendants, except the doctor; and if the labor be not rapid, the husband is the greatest sufferer, next to herself, sometimes turning pale and faint, unless relieved by some of the attendants, who are always ready to aid in such emergencies.

When the child is born, the patient is carried to bed, even though the placenta may not be delivered.

Another procedure is often adopted, by which the labor is conducted in bed. A bed is doubled up against inverted chairs, the bed being placed behind and next to the patient, a mattress being under her, upon which she rests in the half-recumbent sitting posture, her feet resting against the foot-board; two sheets or towels are fastened to the two bed-posts at the foot of the bed, for her to pull by during the pains. Here, however, the foot-board is a barrier in the way of the accoucheur, and to obviate this, the bed or other supports are placed against the wall, the patient lies semi-inclined across the mattress, her limbs flexed, her feet resting on two chairs at the bedside; upon the latter two assistants sit, to aid, as in the former position, the chair of the accoucheur being placed between the latter, but a little in advance.

With proper arrangements, which need not be detailed further, in either of these positions the inferior limbs are flexed, the perineum and outlet unimpeded just as much as in the horizontal attitude, whether resting on the back or side; while in the former, to use a common-sense phrase of experienced matrons, the woman "helps herself" by the abdominal and expiratory muscular power to a greater extent than by simply lying down on her back. There is no more danger in the one case than in the other. In all positions, good, bad, or indifferent, labor will "pursue the even tenor of its way" to a successful termination, with rare exceptions.

In the middle period of labor, the patient squeezes—in the last stage, pulls whatsoever she can take hold of—a mechanical advantage which she instinctively seeks, and which a physiologist of a different gender has no right to ignore or condemn as altogether superfluous. The obvious, materialistic muscular actions, both voluntary and involuntary, of parturition, afford the physiological obstetrician data illustrative of that vital and mechanical process infinitely more intelligible than the fanciful expositions of the so-called reflex actions of the "true spinal cord," or even the false.*

From a common-sense point of view in the lying-in chamber, the "parturient acts," whether voluntary or involuntary, seem direct muscular acts, which take place about nine months after conception, by primary or inherent laws of the living economy, which neither the parturient subject nor her accoucheur can fathom, being ultimate, fundamental, self-evident, and not explicable by obscure language.

Neither danger to the child nor to the mother are likely to occur, whenever labor can be expedited by the natural forces of the mother; while, on the other hand, ergot, manipulations, and instrumental applications are more or less perilous to both; and, perhaps, in rare cases, the same may be said of even natural labor, when the head remains for many hours fixed or impacted in the pelvic bones, although, probably, the danger, if any, cannot be so great as is generally apprehended.

May I not here add a few words on this subject not originally intended in commencing this article? Although isolated individual experience may generally be of little import in opposition to that of the many, yet judging from my own observations, I must say that, in cases wherein the presentation of the fœtal head is normal, or rather in that which is usually considered the most favorable position of the vertex, no danger to mother or child has resulted from severe and prolonged labor, in which the child's head has rested apparently fixed low down, just within the perineum, and ready to make its exit -I say apparently fixed, because in the intervals of the pains the pressure of the head must necessarily intermit, though the head may not sensibly recede. The anatomical conformation of the mother, the position of the child, and the force of the pains being faultless, can anything be more trying to human patience and the moral sympathies, than a continuous series of pangs and disappointments, which, in rare

[&]quot;The act of parturition never had been, and never could be, studied properly until the discovery of the physiology of the spinal marrow, by Dr. Marshall Hall. All the uterine motor actions are reflex," etc.—W. Tyler Smith, M.D.

cases, last perhaps an entire day! The accoucheur, relying upon nature, abstaining from all active or instrumental interferences, regulating the hygienic conditions of the chamber, attending to the conditions of the bladder, etc., inspiring hope, and sacrificing his valuable time, may suffer reproach, his skill being distrusted; but when a living child is born, and the patient has a quick recovery, he will have an approving conscience, and may have an undamaged reputation among the judicious and right-thinking witnesses of his professional conduct. But, as the world goes, glittering forceps, bloody craniotomies, and violent, quick deliveries will usually pass for skill and superior qualifications. For the most part, the greatest use that an obstetrician can be put to, is to do nothing himself, and to prevent others from doing anything, mere placebos and "pious frauds" excepted.

Early in my professional life I had opportunities of witnessing or learning the natural history of prolonged labor, in which no active interference had taken place, in remote settlements in Harrison, Tyler, and Lewis Counties, Virginia, at distances sometimes more than forty miles from my residence, in Clarksburg. In some cases active labor had existed several days before my visits. In one of my first cases, I witnessed with dismay the active hard labor of a woman apparently in the last stage, the head of the child being fixed or locked during twenty-four hours after my arrival; fortunately, I had no instruments with me. The child was born alive, and the woman was wholly uninjured. I might detail other still more remarkable examples, in none of which accidents occurred. On the other hand, the unwarrantable interferences of some bold and ignorant midwives, and others, under apparently such circumstances, have resulted most deplorably, as I can testify.—New Orleans Medical and Surgical Journal.

## Report of the Committee on Medical Education.

The Nashville Journal, one of whose editors was present at the late Convention in New Haven, thus speaks:

The report of the Committee on Medical Education was decidedly the most interesting feature of the session, and the committee have good reason to be proud of their work, for it was well done; and although the resolutions appended, requiring a much higher standard than heretofore practiced or proposed, were violently opposed and severely discussed by a few, they evidently were quite in harmony with the sentiments of a very large majority. There was no sentiment more gener-

ally entertained than the one requiring all medical men in their offices to make better preparation of the material sent to medical colleges, and insisting that young men should not be allowed in an office to study medicine unless sufficiently intelligent and educated to understand and appreciate the great truths and principles which they should be proud to advance. Indeed, for the first time in the history of our profession could it be said, there was almost entire harmony between the laity and teachers, and an apparent determination to act in concert in the great cause of advancing the standard of education, and the event will form an era to be proudly recurred to by all good and true men.

## AUDI ALTERAM PARTEM.

## Acupressure for the Arrest of Hæmorrhage.

At a late meeting (April 24th, 1860,) of the Royal Medical and Chirurgical Society, Mr. Syme, of Edinburgh, in reply to a question by Mr. Henry Thompson, said that acupressure was not, in his opinion, calculated to improve the practice of surgery. In the first place, he did not think the objections alleged against the ligature were fully justified; in the second place, if the ligatures were objectionable, they had a better substitute for it in torsion than in the needle process; thirdly, he thought the needle process was hardly practicable, and in some cases not practicable at all. It had been said by the proposer of the method that the ligature would occasion gangrene. That simply showed that the individual who proposed it did not know the meaning of surgical language. As to ligature causing irritation, that assertion He had repeatedly tied the femoral, and left the wound to heal by first intention, there being only a few drops of matter, and in one case not a drop, showing that the ligature was not the cause of He had given up the practice of cutting away one thread, but always preserved both; and he regarded ligatures rather as useful assistants than as obstacles. After amputation, the great impediment to union by the first intention was the presence of blood, which coagulated, and led to the formation of abscess. The ligatures prevented this, made way for the discharge, and did good rather than harm. But if ligatures were sometimes objectionable, the process of torsion was a convenient substitute, the success of which he had repeatedly seen. As to the acupressure, it could very rarely be employed; and his only surprise was that any practical surgeon should have given it two thoughts. It was a tub thrown out to amuse the whale, more

especially to feed the whale, and would never have been heard of had it not been brought under the notice of the profession by a medical journal published in London, understood to be under the control of the proposer.

Mr. Spencer Wells said he should not notice the personalities with which Mr. Syme concluded his speech; but with regard to acupressure he thought it but just to say that he had employed that method in a case of Pirogoff's amputation at the ankle-joint, in which the needle was fairly pitted against the ligature. The anterior tibial artery was compressed by the needle, and a plantar branch of the posterior tibial The superiority of the needle was most marked. was tied by a ligature. In forty-eight hours Mr. Adams, whose case it was, removed the needle, and there was no more trouble about it. The ligature remained some five or six days afterwards, setting up suppuration in its track, and keeping open the wound in the manner which Mr. Syme appeared to think so favorable, (the patient thought otherwise,) but which certainly delayed the cure. The case would have been better treated if it had been easy to compress the posterior tibial artery in the same manner as the anterior tibial, if he had not to learn the A B C of acupressure. as all must do. There might be many cases in which the needle is not applicable; but he believed if he had known then what he had learned since, he might have been able to compress the plantar artery as easily as the other. So far from the introduction of acupressure exhibiting any want of surgical knowledge on the part of the gentleman who proposed it, he believed it to be one of the many gifts, including the introduction of chloroform, for which surgery is indebted to that Mr. Wells further expressed his conviction that acupresgreat man. sure will prove a most useful means of suppressing hæmorrhage, and he had learned its utility in compressing varicose veins. He believed also that it will hereafter supersede the ligature in the treatment of aneu-With regard to the effect of the ligature upon the ends of divided arteries, every surgeon knew that the part of the artery beyond the ligature must be killed by it, and that a piece of sloughy tissue cannot do any good when confined amid the living tissues of the body, however useful Mr. Syme might consider it to be.—Med. Times and Gaz., May 5, 1860.

We are pleased to notice that Dr. R. W. Gibbes, Jr., of S. C., the son of our worthy friend and editorial confrère, Dr. R. W. Gibbes, is one of the successful candidates for the navy medical appointments.

#### MAINE MEDICAL SCHOOL

It will be remembered that some time since a large bribe was offered to the Medical School of Maine, which was unfortunately accepted, and an act thereby committed which must have the effect of lowering the character of the medical profession. It therefore gives us great pleasure to publish the following communication, which shows that the majority of the physicians of Maine regard the matter in a proper light, and are unwilling to be sold to quackery.

MESSRS. EDITORS—It would seem due to the medical profession of Maine, that the Resolution passed by the Maine Medical Association, at its eighth annual meeting, concerning the Maine Medical School, should be widely promulgated, in order that the stigma of fostering or countenancing quackery, unjustly attached to the Association especially, and the profession in the State generally, by medical gentlemen in remote parts of the country, may be fully and completely removed. Entertaining that view of the subject, I herewith submit the resolve to your consideration, for publication in your valuable and extensively circulated journal.

"Whereas, The Legislature, in granting a half township of land to the Medical School of Maine, inserted into the resolve the following provisions, viz.: That the Legislature may make any necessary regulations for the admission and graduation of students, and that said Institution will receive and graduate all students who pass the required examination, without reference to where such students may have studied previous to asking admission to said Institution, or to what mode of practice such students intend to pursue after receiving their diplomas; and as the Trustees of Bowdoin College have accepted said land on said conditions—therefore

"Resolved, That the members of the Maine Medical Association will not admit students for instruction who propose to attend lectures at the Medical School of Maine, until the conditions in the resolve are so arranged as to leave the control of the School where it was before the above-named resolve was passed."

The introduction of this resolution excited much interest, and was followed by discussions of a very animated and enthusiastic nature, although no special blame was attached to any of the instructors of the institution.

Its adoption was very warmly advocated by many of the physicians present, while it was warmly opposed by the lecturers employed by the Trustees of the Medical School and one or two others personally

interested. The vote being taken, was found to correspond with, and confirm the general feeling, which, with a few exceptions, was manifested throughout the discussions—being almost entirely unanimous in favor of the acceptance of the resolution—the persons above referred to voting in the negative. And it was accordingly decided not to receive any students under instruction who should propose to attend lectures at the Maine Medical School. And it is hoped that other members of the Association who were not present, and the profession generally throughout the State, will adhere strictly to the terms of this resolution. It is evident that the physicians of this State, and the members of the Association especially, are awake on this subject; and that the decision of the Trustees of Bowdoin College to accept the land on the conditions on which it was granted by the Legislature has met with their disapproval, and also of that of the profession in And unless some satisfactory change is effected through other States. the action of the Committee appointed to confer with the Trustees, it is to be feared that the reputation and prosperity of the Medical School will be seriously and permanently injured.

The discussion of this question occupied the principal part of the forenoon, and the Association adjourned, to meet at Augusta next year—generally pleased with the occurrences and results of the meeting. The meeting was attended with interest throughout, owing, in part, to the nature of the subject that came up for consideration, and also to the opportunity afforded for mutual congratulations and the renewal of friendly feelings with one another.—Boston Medical and Surgical Journal.

#### MEDICINE IN CHINA.

Perfect free trade in physic exists there. The field is open to every one without examination. It is thought that every one has sense enough to choose his own doctor, and choose a good one, and if they suffer it is their own fault, and they are to blame. When a physician is consulted he lays the hand on a soft cushion, feels the pulse of the wrist, asks age and symptoms, looks the patient in the face, strokes his beard, and writes the prescription perhaps, "150 pills twice a day." "A dose of Chinese medicine," says the Lancet, is quite a curiosity. It is about the size of half a pound of moist sugar, and consists of twenty separate packets—four or five kinds of bark, a little orange-peel, some walnuts, some gentian, and half a dozen other roots, not unlike a small cake of blacking. These are all boiled together; and a

good half pint of the decoction is to be taken quite hot as a dose." The profession does not seem to be highly remunerated, however. The lowest fee for a visit is 60 cash, about four cents, and the highest ordinary fee is 180, or twelve cents, although as much as 240 or 360 cash, eighteen and twenty-four cents, are sometimes given.

# Dr. Dunglison's Statistics of Insanity in the United States.

The fact made most prominent in this paper, is that of the extreme unreliability of the statistics presented. This is in part because of the imperfection of census returns, in part owing to a want of system in Asylum reports, but in a great degree, it must be confessed, to the nature of the subject, and the deficiency of science in respect to it. Nevertheless these statistics, as perhaps the best that can be obtained, have a certain value. We append, in a condensed form, the more general results.

The numbers insane and with infirmities of sense, and their proportion to the general population in the United States, are as follows:

Insane, 15,610, or 1 to 1,485; idiots, 15,787, or 1 to 1,469; deaf mutes, 9,803, or 1 to 2,365; blind, 9,794, or 1 to 2,367.

Insanity is found to be more frequent among the foreign-born than among the native population. The proportion of insane to the native population is 1 to 1,360; to the foreign-born, 1 to 1,061.

Insanity prevails to a greater extent among the white and free colored population than among the slaves. This is thought to be due to the freedom of the latter from care and anxiety, and from intemperance and other excesses.

Whether insanity has increased in a greater ratio than the population, statistics do not warrant us in forming an opinion. Dr. D. is disposed to assume that it has not.

A very complete list of institutions for the insane, their location, chief officers, and latest general statistics, are given. According to this, there are 30 State, 8 corporate and mixed, 7 private, 5 pauper, and 1 federal—in all, 51—institutions.

Under the head of "Personal History of the Patient previous to Attack," is given the statistics of sex, age at which insanity first appeared, civil condition, occupation, education, and heredity. These results have been very generally obtained, but they do not thus far warrant any useful deductions. The same is considered to be true of the special points in the "History of the Attack," and respecting "Insanity considered in its Results."—American Journal of Insanity.

Dr. H. B. Wilbur on the Classification and Instruction of Idiots.

The New York Asylum for Idiots was established to meet a public want. There were within the borders of the State, judging from the statistics of other countries and States, under similar circumstances, and of analogous population, more than 3,000 idiots, embracing every shade of mental endowment below the common standard of intelligence, and subjected to every variety of social influences. They were thrown, by the very nature of their infirmity, beyond the pale of that common school education which the State provides for every child of average intellect within its limits.

Any rational and practicable project for the amelioration of their condition, or the furnishing of any permanent relief to those who were burdened with their care, would look beyond the mere ministering to their physical wants, or the simple substitution of the State's care and maintenance for that of parents, friends, or local authorities. It would afford them opportunities for development. It would give them all the education that they were susceptible of. It would attempt to qualify them, by a proper instruction in practical matters, to be returned to their friends capable of sustaining and providing for themselves with the least possible care and anxiety of others. And it would do this in accordance with the policy, long established in reference to those other children of misfortune, the deaf-mute and the blind. It would seem to lie outside the province of the State's charity in this direction, to provide a public institution for such of the number as could be as well cared for under family or other influences at home. Nor is it the policy of the State, at present, to adopt any of these unfortunates. It only assumes their guardianship and maintenance during the period of education. It will be understood, then, that the institution is an educational one, and is not custodial in its character. All admitted, therefore, to its privileges should be of a teachable age, and of a teachable condition. As to the first point, our general rule (the admission of pupils from 7 to 14 years of age) seems to be practically a just one. At all events, as it can be suspended, for proper reasons, in any individual case, by the action of the Board of Trustees, it can do no harm. Whenever, in the further experience of the institution, it shall be deemed advisable to extend the limits of age in the reception of pupils, it can be done.

As to what constitutes a teachable condition, in the case of idiots, is a point not so easily determined. On the one hand, it had been

universally supposed, till a few years since, that education was of no service in any case of idiocy. On the other hand, there have been but a very few cases that have been submitted to a judicious course of training, for any length of time, either in this institution or any other of similar character elsewhere, in which those most interested in the welfare of the parties have not seen a very decided improvement as the result. The only exceptions to this rule have been those cases in which the idiocy was apparently dependent upon an active organic disease of the brain.

In certain classes of cases, however, there will not be much difficulty in deciding to exclude the parties for whose admission to the Asylum application is made. Cases of idiocy, accompanied with confirmed epilepsy, are to be reckoned among these. The presence of the two conjoined, (whichever manifestation precedes the other,) usually indicates the existence of a common cause in organic disease of the brain or spinal cord. In such instances, the epilepsy is generally incurable. Each recurring paroxysm impairs the more the intellectual faculties, till complete dementia and death are the result. Even when, in the intervals between the convulsions, a marked improvement in all respects has rewarded the persistent efforts of training and instruction, a single recurrence of the disease will destroy the labor of months. Under such circumstances, an institution offers no very essential advantages over a home, and its accommodations should be reserved for those who can be radically benefited.

Again, where insanity is complicated with idiocy, (not a very common complication, however,) it is not deemed advisable to receive them into this institution. We have no provision for confinement, or in fact for restraint of any kind. The very means employed to arouse the attention and stimulate the sluggish intellectual operations of our ordinary pupils, tend to excite and aggravate the peculiar mental condition of this class. The admission of the insane, therefore, would subject us to very great trouble and inconvenience, without any corresponding benefit to those received, if not a positive injury to them.

It has not been the policy of this institution to receive cases of very marked deformity, nor where the subjects are hopelessly crippled, from permanent contractions of the muscles and tendons, or from irregular and spasmodic muscular contractions, preventing the application of our elementary physical training, nor yet the numerous cases of idiocy connected with a depraved and diseased physical condition, proper

subjects for a hospital of incurables, and not for an educational establishment. These are often very troublesome cases at home, which induces the friends to make application for their admission here. In some instances, where there has been a loss of one or both parents, they are urged upon the officers of the Asylum with great persistence, even when it is supposed that they are coming here to die. In fact, a large per centage of the deaths that have occurred in the establishment, since its foundation, have been in cases that have come hither with fatal disease already at work upon them.

There is another class of cases usually admitted on a proper application, but who are dismissed after a fair trial and examination, if the result confirms the opinion of the officers as to their probable condition. I refer to cases of *dementia*, in distinction from idiocy, when a gradual obliteration of the mental faculties has supervened after an organic disease of the brain, and the disease is still active and progressive. These are dismissed as incurables.

Excluding, then, all cases coming within the classes thus enumerated, the institution, according to the language of our by-laws, affords to that portion of the youth of the State, not provided for in any other educational establishment, and who are of a proper school-attending age, all the education practicable in each particular case. ucation furnished by the institution will include not only the simpler elements of instruction usually taught in common schools, where that is practicable, but will embrace a course of training in the more practical matters of every-day life; the cultivation of habits of decency, propriety, self-management and self-reliance, and the development and increase of a capacity for useful occupations." It is designed, in other words, to receive all children of a suitable age hitherto shut out from educational privileges, by reason of a defect or infirmity of their mental powers. This includes a much wider range of natural endowment than would at first be supposed, and within this range there exists a great variety of manifestations.

When one observes carefully the phenomena of idiocy, he is surprised to find that differences in the individual characteristics are more noticeable than the resemblance that would be anticipated from a mere casual observation. This is so marked, that it is always difficult properly to classify them for purposes of accurate description. Still these differences and peculiarities, as relating to the principles and methods to be adopted in their instruction, and to the diversity

of the educational results to be aimed at, may be sufficiently indicated for our present purpose.

Some are only a little below a degree of intelligence that would enable them to be educated in the common schools of the State. They are so nearly possessed of all human faculties to a normal degree, that it is difficult to say in what the deficiency consists; and yet this slight inferiority separates them practically, by a long interval, from those with whom they would naturally associate, in the school-room, in the play-ground, and even in the family. Others are low down in the scale of idiocy. They approximate what has been described as the type of idiocy, or the extreme of mental incapacity; an individual who neither wills, nor thinks, nor acts. In such a one, there seems to be no power of spontaneous thought or action. In such a one, sensation is only followed by an imperfect reflex action. In such a one, inertia so prevails that consciousness responds feebly, only, to the loudest summons through the avenues of special sensation.

Between these two extremes there exists every variety of manifestations. The mental and moral phenomena are as diverse as the physical and physiological conditions upon which they depend.—
Ninth Annual Report of the New York Asylum for Idiots.

#### A GENEROUS DONATION.

From the Savannah Journal of Medicine we learn that the Legislature of Alabama has donated fifty thousand dollars to the Mobile Medical College. This is a rare instance of munificence on the part of a State to the cause of medical education, and as such deserves to be recorded to the honor of the State of Alabama. We have no doubt but that the money thus appropriated will prove a profitable investment, and will make a handsome return in the increased facilities which it will afford in educating the sons of the South in the healing art.

## LARGE OVARIAN CYST.

Dr. Peaslee, on the 15th ult., removed one hundred and fifteen pounds of fluid from a single ovarian cyst, by tapping. The patient is a young lady twenty years of age, and her circumference before the operation was five feet and one-half, (sixty-six inches.)—American Medical Monthly.

#### CONSTITUTIONAL IODISM.

The principal subject of interest at the last two meetings of the Académie de Médecine was the discussion occasioned by two memoirs One of these was by M. Boinet, entitled "Alimentation on iodine. The writer considers iodine as a preventive as well as a curative agent in all diseases where that remedy is indicated. Taking his starting-point from the fact that iodine is found in the soil, in water, and in the air, he considers it as a principle necessary to animal and vegetable life; hence, it is not only a medicine, but also an aliment. Thus, where that principle is largely found in the water and in the soil. vegetation is luxuriant, and animals are robust and well developed; but, on the contrary, where it is found only in small proportion, or where it is entirely absent, we meet those diseases which depend upon general debility—as goître, cretinism, scrofula, phthisis, etc. therefore recommends iodide aliment, (e. g., to mix it with the bread) as a curative agent, and preventive against goître, cretinism, constitutional syphilis, phthisis, and cancer (?). Its physiological action, when thus administered, is improvement of appetite, increase of vigor, It never irritates the stomach or bowels. Its prolonged action, instead, as is generally believed, of producing atrophy of some organs, The injurious effects on the contrary, contributes to their development. of this agent must, according to M. Boinet, be attributed to the mode of its administration in a metalloid form, which, even in small doses, irritates the stomach and causes loss of appetite. These inconveniences can be avoided by exhibiting it in such a form as to prevent its precipitation, and to render it absolutely soluble.

The second memoir, "Constitutional Iodism," is written by M. Rilliet, of Geneva. He admits three kinds of poisoning by iodine: 1st, acute when administered in large doses; 2d, chronic, producing atrophy of the mammary gland or testicles; 3d, constitutional iodism, caused by small doses of one-fifth or half a grain internally, or in the form of ointment, continued for some weeks, or even months, for the cure of goître. M. Rilliet thinks that idiosyncrasy, as well as the place, may modify its physiological action. Where there is a national deficiency of that principle, as in Geneva, the organism not being accustomed to it, the smallest quantity may produce poisonous symptoms. Thus he mentions also a case of residence at the sea-coast producing constitutional iodism.

These two contradictory memoirs took the Academy by surprise. The principal statements as yet on the subject were made by MM. Ricord

and Buchardat. M. Ricord is so much astonished at the effect of iodine at Geneva, that he begins to doubt whether it is the same agent which renders such valuable services in France. He never administers it in larger quantities than a drachm and a half a day; M. Puche, of Midi, gives sometimes an ounce and a half daily, and during the last thirty years he has never witnessed any injurious effects. stitutional iodism, which seems to be the rule in Geneva, occurs only once in a thousand in Paris. He never saw any atrophy of the mam-Some very rare cases of atrophy of the testicles may be accounted for in the following manner: The patient suffers from syphilitic sarcocele, and the iodine is administered too late to check its progress; hence atrophy of the testes is the result. Patients suffering from tertiary syphilis grow fat by the prolonged administration of iodide of potassium. He weighed his patients before and after taking it, and he found them invariably gaining by the treatment. Goîtreous patients coming from Geneva to Paris are not affected by small quantities of iodine as they are in their own country. M. Buchardat does not see any contradiction in the two memoirs. From several experiments he made with Stuart Cooper upon the action of iodine, he thinks it a capricious agent. Its physiological action may be different in Geneva from what it is in Paris. The conclusion he draws from the observations of M. Rilliet is, that constitutional iodism is prevalent where goître is endemic. We shall hear something more about it at the next meeting.—Cincinnati Lancet and Observer.

#### HARVARD MEDICAL SCHOOL

The following is a list of the gentlemen who received their medical degrees on the 18th inst., with the subject of their dissertations:

John Wilson Foye, Vaccination.

Thomas Barnes Hitchcock, Delirium Tremens.

Frederick Benjamin Adams Lewis, Bronchocele.

George Tufton Moffat, First and Second Dentition.

Leander Rupert Morse, Scarlatina. Patrick Aloysius O'Connell, Croup.

Henry Sylvanus Plympton, Pneumonia.

Arthur Ricketson, Small-Pox.

Francis Codman Ropes, Fractures of the Lower Extremities.

Josiah Newell Willard, Glucohamia.

D. HUMPHREYS STORER, Dean of the Med. Faculty.

#### A NEW EDITION OF HIPPOCRATES.

The Medical and Surgical Reporter states, on the authority of the London Athenaum, that a new and splendid edition of Hippocrates is about to be published under the auspices of the Royal Academy of the Netherlands. It is contemplated also by the Academy to add to the works of the Father of Medicine those of the other ancient medical writers whose reputation may entitle them to such distinction. This will no doubt be a work of great interest. Every well-read physician should be familiar with the writings and teachings of the father of medicine.

#### DEATH IN THE NURSERY.

Very dangerous presents are often made to children. It is the peculiar happiness of juveniles to test, in many homely ways, the strength, flavor, and combustibility of whatever toys are placed in their hands. The tendency to apply the tongue to all painted toys affords a temptation which only the strongest-minded children can resist; and licking the face of a favorite doll, or the surface of a painted ball, appears to afford pleasure which few can forego. Remembering these infantile idiosyncrasies, kind mammas and generous uncles should endeavor to ascertain that such colored toys as they give are not painted in mineral colors. Very serious accidents-if we mistake not, deaths-have occurred from licking the ærial bladders which were recently so popular in the nursery. Many of them were painted with arsenical pig-A sad accident, which has just occurred at Lyons, points to another favorite toy as a possible source of the most serious misadven-The concierge of the theatre there had presented a box of paints as a new year's gift to his son, a boy about ten years of age. little fellow was highly delighted with his new acquisition, and passed the whole evening in coloring a large portrait of Garibaldi. probably he wetted his pencil or his paints with his tongue; for in the middle of the night he was attacked with a violent colic, and died in a few hours, evidently from poison. In the same way the drastic purgative properties of gamboge are not uncommonly developed to a very unpleasant extent. The unfortunate event above described affords an important caution, which will not, we hope, be lost.—Lancet.

## EDITOR'S TABLE.

## REORGANIZATION OF THE N. Y. MEDICAL COLLEGE.

By the usual announcement, it will be seen elsewhere that the eleventh session of the New York Medical College opens on the 17th instant. Professors Carnochan and Doremus, of the former Faculty, are the only old members reappointed, and the remaining professors have been associated with them by the Trustees, who have thus organized the new Faculty.

We understand that it is intended there shall be twelve professors, of whom only nine have as yet been chosen, the remaining three to be selected in time for the opening of the session. In this increase of the number of chairs and departments, as well as in all other respects, the Faculty and Trustees have resolved to conform to the views of the American Medical Association. Hence it is designed to have not more than four lectures daily, the surplus hours being occupied with cliniques, and other demonstrative and practical teaching in all the departments, which will be a distinctive feature in this school. With the preliminary course, the session will be extended to six months; and by the charter, the final examination for graduation will be in the presence of an independent Board of Censors, who are not public teachers. An attempt will thus be made to reform and improve the present system of medical education, in accordance with what is believed to be the prevailing sentiment of the profession.

The pre-eminent advantages of New York in respect to clinical instruction, by reason of our numerous hospitals, dispensaries, infirmaries, asylums, nurseries, &c., all equally accessible to the students of either of our medical colleges, and the ample provision made for them all in common by the abundant supply of anatomical material, give to the medical schools of this city attractions which will be appreciated by all thoughtful students. Hence the number of such, who find their way here, has been annually increasing, and must continue to increase. And as there are now, as heretofore, three medical schools, each supplied with a full Faculty, each having an ample college building, with all the appurtenances and facilities of teaching, by apparatus, museum, &c., and each rivaling the other in college cliniques, which are held by them all nearly every day, as well as by improving the advantages of hospitals and other public charities for true clinical instruction. students may visit our city, and judge us severally by comparison with other schools, in other cities, before deciding on their chosen Alma Mater. The Trustees and Faculty of the New York Medical College invite, and will abide the result of such comparison, not only on their own behalf, but in the name of both of the other schools of this city, neither of which need shrink from such comparison. Whether New York shall become the great emporium of medical education, as her position and resources entitle her to be, instead of lagging behind any other city in the land, we have ever regarded as only a question of time.

## BELLEVUE HOSPITAL-DEATHS BY CHLOROFORM.

In another part of this number we have copied from the *Medical Times* the official report of the latest fatal blunder by chloroform, this being the second death in the same hospital from the same cause within a few months. In this last instance the use of chloroform at all was wholly unjustifiable in so trivial an operation as that of dividing the prepuce, or even circumcision, to get at a chancre. But it was "only a pauper, for whom nobody cares," and was in the hands of one of the assistants, or, as he is dubbed, a house surgeon. Had it occurred in private practice, no excuse could be made for such a wanton sacrifice of life.

Though late, the action of the Medical Board in interdicting the use of chloroform hereafter by the assistants is well. But had not the old Governors abolished the old law, which forbade any operation endangering limb or life, by anybody in the hospital, without the consent of the Resident Physician, the poor inmates would have been protected from such fatal experiments. But the office of "head doctor" having been substituted by the twenty-one heads of the Medical Board, all of equal authority, the supreme control has been vested in a lay-warden, to whom all the doctors, old and young, have been subordinate. The disastrous results of such a monstrous anomaly in government it has been our painful duty to chronicle, as in the present case. Let the new Commissioners select a competent Resident Physician, and they will protect the poor inmates from the bungling surgery and fatal experiments which we have so often had occasion to deplore.

The Times tells us that the chloroform was given by a junior member of the house staff, and with as much care as is usual in hospital practice! Indeed! then we are to infer that in hospitals the patients are treated with less care than out of them; and that it is "usual" to commit the use of chloroform, at the sacrifice of life, to the "junior members of the house staff." Such is not the case in any other hos-

pital; certainly not in any one which is governed by a Resident Physician who is capable and responsible in his profession. And the public have a right to expect that the sick poor in our charity hospitals shall be treated with the same consideration and care by the medical officers as is usual in private practice. We need not marvel that the transfer of this hospital to Homcopathy finds advocates, who urge it on the score of humanity, and safety to the health and lives of the poor. Such concessions as are here made by our contemporary will, we apprehend, strengthen their hands, on the plea that any change must be for the better.

#### OHIO MEDICAL AND SURGICAL JOURNAL.

The editor of this Western luminary has at length undertaken a defence against our criticism, made last February, upon the caricature of our professional countrymen, which he had perpetrated in his columns, and which we pronounced hyperbolical and false. Whereupon the said editor proposed a series of questions, which, greatly to his annoyance, we answered *seriatim* in our April number. Instead of retracting his calumnious allegations, he now sends forth a still fouler caricature upon us and our answers, misrepresenting us so grossly and so falsely, that we content ourselves with applying the brand, and rendering our mark on his forehead indelible; and this by simply printing what he says in his July number of one of our answers, viz.:

His question was, "What have we American physicians discovered in Physiology?"

Our answer was, "Much every way; see Dunglison, Dalton, Draper, Dowler, Campbell, Isaacs."

Now, our readers may apply the proper epithet to the editor of the *Ohio Journal*, when they learn that he tells his readers that the following is the GAZETTE'S answer to the question, viz.:

"Much-much every way; no time for specifications!"

We need not call this falsehood, but content ourselves with proving it such.

The editor may slander his profession, and detract from his countrymen hereafter with impunity, so far as we are concerned; but unless he retracts this flagrant outrage upon truth and decency, we shall hold him as a willful violator of the ninth commandment of the Decalogue, and treat him accordingly. We never said "no time for speci-

fications," and he knew it when he penned the slander; for he had the specifications in the GAZETTE, and yet purposely suppressed them, and falsified our answer by forging another to deceive his readers.

Our readers will understand why we do not follow up the writer who thus excludes himself from all courtesy. Falsus in una, falsus in omnium, is a maxim illustrated throughout his lame and impotent defence.

## PROF. JOHN W. DRAPER,

Of our New York University, during his late visit to Great Britain, has been honored before the "British Association for the Advancement of Science" in a way demonstrating the high appreciation of his merits entertained by that learned body, which numbers among its members the greatest men in England. We make room for the following brief report, viz.:

"By far the most prominent and striking feature was the paper read by Professor Draper, President of the Medical Faculty of the University of New York. He left America at the special invitation of the Association, and, as their invited guest, has had every courtesy shown him. On the occasion of the reading of his paper, the library of the new museum was converted into a lecture-room, and was literally crowded to suffocation with an audience composed of persons of the highest literary and scientific reputation, of both sexes. ject of the paper was to prove that the advancement of Europe in civilization was not fortuitous, but determined by a physical law—this being the subject of a large work by the Professor, now in press by the Harpers, in New York. At the close of the lecture, which was listened to with the most profound attention for more than an hour, the Lord Bishop of Oxford, in a very eloquent address, made some comments on it, and a long discussion ensued on the bearing of the views contained in it, and those recently published by Mr. Darwin, on the "Origin of Species." At a subsequent meeting Prof. Draper made a communication on a large reflecting telescope, for astronomical photography, now in course of erection, at his country house, at Hastings, near New York, by one of his sons, Dr. Henry Draper. the first observatory of the kind ever built in America. Indeed, the only one like it in the world is that at Kew, and is the more creditable, since it is altogether accomplished by the private means of a young man not yet twenty-four years of age, and at a cost of probably not less than ten thousand dollars.

"Prof. Draper has made his mark. You hear his paper talked of among the literary and scientific wherever you go, and in future we shall expect to hear less frequently the question, What has America done?"

## CONGRESS WATER.

Our annual visit to Saratoga Springs, though a flying one, has impressed us anew with the priceless value of the incomparable water. which is perennially and inexhaustibly flowing from the Congress Spring in the midst of that beautiful and flourishing village, the population of which in July and August entitles it to the name and style of The proprietors have greatly improved the locale and surroundings of this Fountain of Health, the park and promenades of which are now of unsurpassed beauty and magnificence, art having done much, but nature still more. The hotels and boarding-houses have been found ample for the accommodation of 15,000 strangers congregated hither this summer. And though there are numerous other springs in the vicinity, viz., Hamilton, Columbian, Iodine, Empire, Putnam's, Pavilion, High Rock, Flat Rock, Clarendon, &c., yet the universal favorite of the multitudes who flock thither is still the old Congress Spring of Clarke & White, whether for the healthy or the invalids; and hence this Congress Water continues to be in demand. and is sent bottled to the very ends of the earth.

It is an extraordinary fact that no other "Saratoga Water" can be compared with that from the Congress Spring, for the reason that every one of them, except this, is found to contain some deleterious mineral or drug, which, though concealed from the taste, nevertheless exists in combination, and in sufficient quantity to deteriorate its sanitary qualities, and often produces and aggravates headache, if freely or frequently drank. Several of these springs contain drugs which are adapted to be useful, in certain diseases, but most of them require sound medical advice for selecting the iron, or iodine, or bromine, or sulphureted hydrogen, or sulphur itself, which is appropriate to any patient, and for regulating the quantity and frequency of their use.

But it is otherwise with Congress Water, for this contains no mineral ingredient which is not salutary, or which in any quantity, short of excess, may not be drank with advantage and impunity. To drink a pint or a quart in the morning before breakfast is adequate to all the purgative effect desirable; while it quickens the appetite, promotes digestion, and invigorates the nervous system, especially if moderate

exercise be superadded. During the day and evening the alterative effects may be secured by taking an occasional glass, which only acts through the blood, upon the kidneys and skin, and is eminently depurative. All who thus improve their annual visit to this spring are so sensible of being improved thereby, that on their return home they find both luxury and health in drinking a bottle occasionally in the morning, once or twice a week; and if they are careful to procure the genuine Congress Water, they will not be disappointed.

See announcement of the proprietors on another page.

#### THE SOUTHERN MEDICAL COLLEGES

Are in clover just now, and we advise them to make hay while the sun shines. After the Presidential election, the Legislatures may possibly become less liberal than they are now. Several of the Southern States have recently opened their treasures for the benefit of their respective medical schools, by donations of a large amount. The school at Richmond, Va., has now received \$30,000, and we honor this liberal policy, in contrast with the parsimony of New York legislaters, who are ready to charter colleges for every species of quacks, but refuse all pecuniary aid to our regular medical colleges, however venerable and worthy.

## MEDICAL COLLEGE OF OHIO.

We congratulate our brethren in the Queen City of the West on the reorganization of their College, on what is believed to be a permanent basis, and heartily wish them greater harmony, efficiency, and success than ever.

#### AGES OF MEDICAL MEN.

Some two years ago, four physicians met in New England, and their respective ages were alluded to in conversation. Said the first, I am 48; said the second, I am 58; the third said, I am 68; and the last reported himself 78. The party consisted of Dr. O. W. Holmes, of Boston, Dr. Dixi Crosby, of Dartmouth, Dr. Thomas Bond, of Philadelphia, and Dr. R. D. Mussey, of Cincinnati. The last named, now 80 years of age, attended the late Medical Convention at New Haven, and as Ex-President of the Association, was invited to the platform. His health is good, and his appearance was greeted with acclamation.

#### A PUFF THAT IS A PUFF.

The following advertisement is going the rounds of the newspapers, and to satisfy our correspondent, we give it greater publicity. While we have no doubt of Dr. Parker's merits in the case, we cannot believe that this puff is by his contrivance or consent, else we would say to the young doctors, go and do likewise.

[From N. Y. Herald, Aug. 17, 1860.]

## DR. WILLARD PARKER:

Dear Sir-I deem it my duty as a citizen to make known to the public, through the medium of the press, my appreciation of your services as a physician, and return you my most sincere thanks as a father, for the very skillful and extraordinary surgical operation performed on the person of my son Charles, aged five years and five months, on the 29th of June last. The facts in the case are as follows: on the first of February, 1859, my son complained of a pain in his right side; my physician was called in, who said the disease was caused by a fall or strain; his advice was followed, he grew worse daily, till near the point of death, when a medical consultation was held, which came to the same conclusions as at first, that a fall or strain was the cause of the difficulty; my child had now lost the use of his right leg; after three months' painful confinement, got comparatively well, so that he could walk, but was immediately taken sick again; an abscess now broke out in his right side, near the hip, from which issued a continual discharge of blood and pus; this continued up to the 29th of June I then obtained the best medical advice, as I then supposed, in the country. He stated that he thought it the precursor of the hip disease, but after a short treatment, came to the conclusion that it was not hip disease, but an abscess caused by a fall or strain; said he could cure him, but failed to do so. Seeing my child failing day after day, I was moved with the greatest anxiety and grief; I now resolved to consult another physician, to see if nothing could be done to save This man told me that scrofula was the disease, and that he would grow out of it. I knew this was not so. I here acknowledge, as a last resort, I applied to you. Your first word gave me comfort. You stated that there was some foreign substance there that must come out before he could get well. Hope was now in the ascendant. You then performed one of the most successful operations ever performed in this country; at least so I consider it to be. After cutting open his right side, where the abscess was, you abstracted a large brass pin, which was imbedded on the inner side of the pelvic bone, two and seven-eighths inches from the surface of the flesh. You, sir, was the only man that had been consulted, that could, by superior judgment, ascertain the cause of the suffering of my child; to you I owe the life of my son. I can do no less than make known to the public my feelings towards you, for your skill and judgment. My son is now almost well; and hoping that when he shall have arrived at years of maturity, he may become an honorable citizen and a useful member of society,

I remain yours, very truly,

MATTHEW J. FOGERTY, Ninetieth Street, Yorkville.

#### MEDICAL LEXICON.

The last edition of our little pocket lexicon of medical technicalities having been nearly exhausted, we are busy in preparing a new and enlarged edition, which will include several thousand additional words with definitions, many of these not being found in any other dictionary. Other improvements will, it is hoped, render the new edition still more acceptable to the profession.

#### CATARACT WASHING MACHINE.

Every labor-saving invention which, like the sewing machine, diminishes the toil and fatigue of necessary household employments, thus lightening the burdens which perennially break down the health of our female population, is to be regarded worthy of encomium and encouragement. Such is this ingenious and admirable contrivance. See advertisement on cover.

# BED SPRING AND CANOPY.

The Elliptic Bed Spring Company have added another improvement to their original patent, which removes the only possible objection that can be urged against the strength of the spring. As it now stands, it is the most perfect sleep-wooder ever introduced to the public; as strong as steel, and will last a lifetime.

The same Company have the exclusive sale of *Palmer's* New Portable Canopy, which consists of an elegant frame-work with netting attached, adapted to bedsteads, or any article of furniture, it being self-supporting. This is an admirable article for Southern homes, or for all who wish to avoid insect pests.

## BOYLSTON MEDICAL PRIZE QUESTIONS.

At the annual meeting of the Committee on Wednesday, Ang. 1st. 1860, a premium of ninety dollars, or a gold medal of that value, was awarded to John Bell, M.D., of New York, for the best dissertation on the question:-How far does the Microscope assist us in Surgical Diagnosis? The other premium of the same value was awarded to DAVID W. CHEEVER, M.D., of Boston, for the best dissertation on the question:— The Value and the Fallacy of Statistics in the Observation of Disease? The following questions are proposed for 1861:—1. Excision of Joints; 2. Diagnosis and Treatment of Chronic Pleurisy. Dissertations on these subjects must be transmitted, post paid, to Edward Reynolds, M.D., on or before the first Wednesday of April, 1861. The following are the questions proposed for 1862:—1. How far does the Microscope assist us in Surgical Diagnosis? 2. On Nausea and Vomiting, as symptoms, under what circumstances do they occur, and what indications do they afford as to the seat and character of disease? Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1862. The author of the best dissertation considered worthy of a prize, on either of the subjects for 1861 and for 1862, will be entitled to a premium of Sixty Dollars, or a Gold Medal of that value, at his option.

## MATHEY-CAYLUS' GLUTEN CAPSULES.

Mr. Becker, sole agent for the United States, announces in this number these celebrated capsules, so popular in Europe, and becoming more so here, as covering the odor and taste of unpleasant drugs. The foreign house of Mathey-Caylus, under whose supervision these capsules are prepared, has the confidence of the profession throughout Europe for their accuracy and reliability.

Dr. Colescott, of the Louisville Medical Journal, for which we are indebted to a friend, as our copy fails to reach us, continues the Review of the last volume of Transactions of the American Medical Association, which seems to have provoked his bitterest reprobation. His classical, poetical, elaborate, and censorious criticism upon Dr. Jones, of Georgia, whose paper on Malarial Fever is so protracted, is as "savage as a meat-axe." We trust that Dr. Jones may survive it, however, and by appearing at New Haven, demonstrate that he is not annihilated; for such seems to be the purpose of the critic, whose bitterness is equal to that of the curse lately pro-

nounced by his Papal Highness at Rome against his political rivals—"Anathema Maranatha." Nothing in the "Transactions" escapes the outpouring of his wrath; and yet, while he pitches into Dr. Flint, resuscitates poor McClintock, &c.; yet Dr. C. reserves his heaviest artillery of rhetoric for unlucky Dr. Jones, whose astrological revelations seem to have moon-struck the critic, who finally loses himself among the stars! The "rhetoric" of this Review is pro-di-gi-ous, and its pedantic slang excites our special wonder, while our sympathies are all with Dr. Jones.

## MISCELLANEOUS ITEMS.

Correction.—Dr. L. S. Joynes, of Richmond, Va., was appointed by the American Medical Association, Chairman of the Committee on Medical Education, to report next year at Chicago. A typographical error in our last number substituted the name of Dr. Sayres.

The following recent appointments are announced in Philadelphia, viz.:

Dr. S. D. Gross, President of the Philadelphia Hospital.

Dr. P. B. Goddard, President of the Board of Health.

Dr. S. W. Gross, one of the Surgeons of Howard Hospital.

Prof. J. E. Holbrook has resigned the Chair of Anatomy in the Medical College of South Carolina. Dr. Miles is said to be his successor.

Dr. Brown-Séquard has had membership in the Royal Society added to his honors.

Prof. Weber, of Cleveland, Ohio, who has long served a public hospital there gratuitously, as its medical officer, has been supplanted by a homocopath! Another of the same tribe has succeeded in displacing an equally worthy and able physician from the post of physician to the Ohio Penitentiary.

A Homeopathic College, so called, has been announced as forthcoming shortly in New York, having been authorized by the late Legislature. We wish this was the only stupid act by which the Assembly of last winter have immortalized themselves as a conclave of knaves and fools.

Judge Marsh, of Ohio, has decided that no medical witness can be compelled in court to give testimony involving a breach of professional confidence; and this though the statute of that State only exempts clergymen and lawyers, in express terms. Let the New York City Inspector make a note of this, and not stultify himself by prosecuting Dr. Griscom for disobedience to the registration law, after clamoring for it these twenty years.

Dr. J. W. Benson has become sole editor of the Louisville Monthly Medical News, Dr. Bemis having retired. What has become of Dr. Colescott's Journal?

The Cleveland Medical Gazette and the Cincinnati Lancet and Observer have united their fortunes by amalgamating the journals and editors. Drs. Weber, Stevens, and Murphy are the joint editors of the combined journals, and we wish them every success, which, if they do not command, they will do more by deserving it.

The Columbus Review of Medicine and Surgery is the title of a new bi-monthly, of which W. L. McMillen, M.D., is editor. The first number gives promise of being a real acquisition to our periodical literature. We will welcome its exchange.

The recent reorganization of the Memphis Medical College includes both the senior and junior Drs. Yandell, late of Louisville, Ky., who are associated with an able Faculty.

The Shelby Medical College, at Nashville, will add Dr. Daniel B. Cliffe and Dr. Abernathy, of Tennessee, to their Faculty, in place of Prof. Haskins, who has resigned, and of Prof. Maddin, who is transferred to the Chair of Surgery, to fill the place of Prof. May, who has resigned.

The Hypophosphites seem to be losing caste, now that Dr. Churchill himself reports a failure, and M. Becquérel publishes two series of experiments on twenty-five and forty patients respectively, and all without benefit.

In Paris, solutions or rather mixtures of the oxide of bismuth, in the proportion of one part to seven parts of rose-water, are used successfully by injection in gonorrhea, gleet, leucorrhea, &c. This is the latest French fashion.

The ferrocyanate of quinia is acquiring a preference over the sulphate in the treatment of intermittents.

## BOOK NOTICES.

CUBA FOR INVALIDS. By R. W. GIBBES, M.D., Columbia, S. C. New York: Townsend & Co. 1860.

This is a most attractive and useful volume, in all respects reliable, and we commend it to the notice of invalids, as trustworthy in all respects. The author is an estimable member of our profession, and his opinions, founded upon experience, merit public confidence.

The book is interesting in a high degree, and the recommendation of *Trinidad de Cuba*, as the preferable climate, affords to invalids the most encouraging prospects of improvement, if not cure. Life is only an extension of days at

best, and our friend the author is an example that life and comparative health, as well as usefulness, may be prolonged, by a judicious selection of a favorable climate. We bespeak for this work a wide circulation.

CURRENTS AND COUNTER-CURRENTS IN MEDICAL SCIENCE. By OLIVER WENDELL HOLMES, M.D., of Boston. Read at the annual meeting of the State Medical Society.

Very different estimates seem to be placed upon this address by the author, and by the Society before whom it was read. The former has taken out a copyright, and hence forbids its republication; while "the Society disclaim all responsibility for the sentiments" it contains, in express terms. We have a copy, and having looked into it, as the schoolmaster said of the arithmetic, "so far that we can see through it," we have laid it aside for a review, when the thermometer is below 90° of Fah., although there is nothing in it to disturb any man's equanimity, who can keep cool under the platitudes of the Professor in the Atlantic Magazine, in which omnium gatherum it ought to have been inserted. It abounds in the hypercriticism, hyperbolical exaggerations, satirical caricatures, and poetical fictions which characterize the author's comical onslaught monthly in the pages of that periodical. We say thus much only at present, intending to pay our respects to the teachings of this address before a learned body at a future time. With the high appreciation of the author's ability, so general at home and abroad, we claim to be profoundly impressed. and we have a keen relish for his humor, wit, fun, and even for his jokes. But we dislike his introduction of the ludicrous into a scientific performance, nor can we suffer his poetic license to exaggeration to cover up so monstrous offences against the majesty of truth, as those of which it will become our duty to convict his address. And yet it is only a re-endorsement of Forbes, Bigelow, and others, who have pandered to the morbid popular heresies of Homeopathy, and other do-nothing systems of medicine. Moreover, it abounds in so many good things, and so well said, that we can afford to laugh at the impotence of its censorious and reckless statements, which, like the efforts of other caricaturists, are harmless when directed against a science so firmly and safely grounded as is rational medicine, our enemies themselves being judges. More anon.

THE ANATOMY AND PHYSIOLOGY OF THE PLACENTA—The Connection of the Nervous Centres of Animal and Organic Life, &c. By John O'Reilly, M.D.

The several serial papers on these and kindred topics, and which appeared successively in the American Medical Gazette, have now been collected, and republished by the author in a volume elegantly bound, so that they may be preserved in a permanent form, by those who can appreciate originality and merit on abstruse subjects of physiological interest, who can now peruse them consecutively at their leisure.

Physician's Visiting List. Lindsay & Blakiston, Philadelphia. 1861.

This well-known and highly prized annual for 1861 is already on our table, and we commend it as preferable to any and all of its numerous imitations for convenience and utility. It has been in constant use upon our table for many years, and is still our daily and nightly companion.

Receipts for 1860—not otherwise acknowledged, viz.:

Drs. Slater, Cullen, Whiting, McDermont, Luckley, Cole, Shelden, Janingen, Strew, Harris, Underhill, Callighan, Schneck, Askew, Lazzell, Bacot, Proudfoot, Surbrug, McCall, Smull, H. Lindsley, Budd, Jacobi, O'Reilly.

Delinquent subscribers are again reminded that payment in advance is the rule, and unless they now remit, they will be charged \$3 for the year 1860.

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# AMERICAN MEDICAL GAZETTE ADVERTISER.

## MEDICAL COLLEGE OF OHIO.

The Regular Lectures in this Institution will commence October 22, 1860, and continue until the latter part of February, 1861. Clinical Lectures in the Hospital will commence on the first of October, and continue regularly during the College term.

FACULTY.

Obstetrics and Diseases of Women and Children,

M. B. WRIGHT, M.D.

Surgery and Clinical Surgery, GEORGE C. BLACKMAN, M.D.

Practice of Medicine, JAMES GRAHAM, M.D.

Anatomy, W. W. DAWSON, M.D.

Physiology and Pathology, J. F. HIBBERD, M.D.

Materia Medica and Therapeutics, J. C. REEVE, M.D.

Chemistry and Toxicology, CHARLES O'LEARY, M.D.

Demonstrator,

JOHN T. BILLINGS, M.D.

Prosector to Professor of Surgery, CHARLES THURNTON, M.D.

Professors' Tickets, each, \$15; Matriculation Ticket, \$5; Demonstrator's Ticket, \$6; Graduation Fee, \$25.

Good boarding from \$3 to \$5 per week. Hospital advantages unsurpassed.

M. B. WRIGHT, M.D., Dean.

# NEW YORK MEDICAL COLLEGE.

No. 90 East Thirteenth Street, near Fourth Avenue.

## ELEVENTH SESSION, 1860-61.

FACULTY:

ROBERT OGDEN DOREMUS, M.D., Professor of Chemistry.

JOHN MURRAY CARNOCHAN, M.D., Professor of Clinical and Operative Surgery.

D. MEREDITH REESE, M.D., LL.D., Professor of the Theory and Practice of Medicine and Medical Jurisprudence.

B. I. RAPHAEL, M.D., Professor of the Principles and Practice of Surgery and

Surgical Pathology.

A. K. GARDNER, M.D., Professor of Clinical Midwifery and Diseases of Women.

JNO. O. BRONSON, M.D., Professor of Anatomy.

CHAS. A. BUDD, M.D., Professor of Theory and Practice of Midwifery.

A. Jacobi, M.D., Professor of Infantile Pathology and Therapeutics. BERN L. BUDD, M.D., Professor of Toxicology.

* * The Chairs of Physiology, Materia Medica, and Clinical Medicine are vacant, but will be filled in time for the opening of the Session.

FOWLER PRENTICE, M.D., Demonstrator of Anatomy.

THOS. A. WHITNEY, M.D., Assistant Demonstrator.

JAMES H. BRUSH, M.D., Prosector to the Professor of Surgery. SIMEON ABRAHAMS, M.D., Assistant to the Professor of Surgery.

The Preliminary Course by the Faculty will open on Monday, September 17th, with daily lectures and cliniques, and be free to all matriculants.

The Regular Session for 1860-61 will commence on Wednesday, October 17th, and continue until the middle of March, with four lectures on each day, in addition to daily cliniques on Medicine, Surgery and Obstetrics, conducted by the

Demonstrative and Practical Teaching will be a distinctive feature in this School, especially in Chemical Analyses, Operative Surgery, and Practical Anatomy. F E E S:

For a full Course of Lectures, \$105. Matriculation, \$5. Demonstrator's fee. \$5. For final examination for a degree, \$30.

Good boarding may be had in the vicinity of the College, at from \$3 to \$4

Further information may be obtained by addressing the undersigned, No. 70 Union Place, New York.

R. O. DOREMUS, M.D., Dean of the Faculty.

NEW YORK, August 22, 1860.

## MEDICAL INSTITUTION OF YALE COLLEGE.

The Course of Lectures for 1860-61 will commence on Thursday, September 13th, and continue four months.

BENJAMIN SILLIMAN, M.D., LL.D., Prof. Emeritus of Chemistry and Pharmacy. ELI IVES, M.D., Prof. Emeritus of Materia Medica and Therapeutics.

JONATHAN KNIGHT, M.D., Professor of the Principles and Practice of Surgery.

CHARLES HOOKER, M.D., Professor of Anatomy and Physiology.
WORTHINGTON HOOKER, M.D., Professor of the Theory and Practice of Physic.

BENJAMIN SILLIMAN, JR., M.D., Prof. of Chemistry and Pharmacy. PLINY A. JEWETT, M.D., Prof. of Obstetrics.

CHARLES A. LINDSLEY, M.D., Prof. of Materia Medica and Therapeutics. LECTURE FEES, \$68.50. Matriculation, \$5. Graduation, \$15.

> CHARLES HOOKER, Dean of the Faculty.

NEW HAVEN, May, 1860.

# AMERICAN

# MEDICAL GAZETTE.

Vol. II.

OCTOBER, 1860.

No. 10.

# ORIGINAL DEPARTMENT.

[The following reply to Dr. Bennett Dowler, of the New Orteans Medical and Surgical Journal, has been written by a friend of Professor Paine, who is sufficiently familiar with the work of the latter to point out the faults in its reviewer, and claim the justice due to the author, who, it is apparent, has been grossly misrepresented by Dr. Dowler in his hypercriticism. By the conclusion of this reply it will be seen that the veteran professor has a sixth! edition of his work in the press, for the carping of his critics.—Ed.]

## PROF. PAINE'S INSTITUTES OF MEDICINE.

We have rarely taken up our pen in behalf of truth and justice with greater satisfaction than in the cause which we are about to advocate. Some of our readers have probably met with what purports to be a review of Professor Paine's Institutes of Medicine, in the September number of the New Orleans Medical and Surgical Journal, and bearing the signature of Bennett Dowler, M.D., the chief editor of the journal.

Of this pretended review we say, without hesitation, that it is the most impudent, false, and malicious that we have hitherto encountered, and we intend to prove that we do not exaggerate its character in either of those respects. We should add, however, that we are sensible that Dr. Paine does not require this protection, and that all who have read his Institutes of Medicine will readily detect the reviewer's falsifications. But there is no other way of putting an end to this species of calumny than by its exposure, and every honorable member

of the profession is bound to co-operate in this work, especially in protecting the medical literature of his own country against internal foes. The service, therefore, which we are about to render is national, general, not partial.

Nevertheless, it has been the peculiar advantage of Dr. Paine's writings that they have never been attacked but by misrepresentation. This has been abundantly shown by himself, and, as may be seen in the Preface to the fifth edition of the Institutes, by other distinguished writers. No greater praise could be desired by an author than this systematic falsification of his literary efforts; and the reviewer whom we have taken in hand evinces his total inability to invalidate the Institutes by having limited his strictures to the mere import of individual words to effect his design. He is exactly what is denominated a verbal critic; but very dishonest as it respects the words which he has selected for misrepresentation. He not only falsifies the meaning in which the author employs them, but perverts its usual acceptation; and it is the established meaning in which the author of the Institutes always employs the perverted words.

We shall now go over the whole of the review, without omitting a single criticism or objection.

In the first place, we meet with the preposterous statement that Dr. Paine professes to have first announced the existence of the vital principle, which, however, requires nothing but this announcement from us. The writer next turns his irony upon the word true, as employed in connection with the word sensation, by which he endeavors to pervert the fact that his author uses the word in the sense of sensation proper, and in contradistinction to his variety of sensation which he designates as sympathetic sensation, (p. 100-101.)

The reviewer quotes Dr. Paine as saying that "True sensation is mainly limited to the cerebro-spinal system." Dr. Paine's statement is, "Sensibility resides exclusively in the nervous system. That which gives rise to true sensation is mainly limited to the cerebro-spinal system," (§ 194) That is undeniably true. The reviewer next quotes, "The spinal cord is only a medium of communication." That is also true, while Dr. Paine makes the brain indispensable to sensation, or the part which takes cognizance of the impressions transmitted by the spinal cord. Hence it is a complete misrepresentation of the author to affirm that "sensation is first ascribed by him to the brain and cord or cerebro-spinal system, next to the brain alone or its equivalent." The reviewer also misrepresents Dr. Paine as confound-

ing the function sensation with the property sensibility. The brain, according to Dr. Paine, is the special organ through which, in connection with the mind, sensation arises, and common sensibility belongs to the entire cerebro-spinal system. Its most distinguishing characteristic in the brain is seen in its relations to the mental principle.

The reviewer asks, What is this equivalent to the brain? Obviously enough, the ganglia of animals that have no proper brain, and it is so defined by Dr. Paine in more places than one.

The reviewer next quotes Dr. Paine as saying, at page 100, that "Impressions transmit sensibility." There is, of course, no such absurd expression in the book, and it is, therefore, purely another fabrication. Dr. Paine's language is, that "Impressions are transmitted to the brain through the property sensibility."

The next pretended quotation from Dr. Paine is a quotation by him from Muller's Physiology, namely: "The sensitive impressions received by the sympathetic, although conveyed to the cerebro-spinal axis, may not be perceived by the sensorium," (§ 523.) The reviewer then quarrels with this expression, although it announces in the most accurate and condensed phraseology a law that is admitted by all physiologists who have studied the nervous system. The reviewer, however, quotes it as coming from Dr. Paine, for the purpose of saying that it contains discordant elements, by which Dr. Paine contradicts himself, and we have thus reproduced it simply for the purpose of bearing out our position that every word of the review is a falsification of Dr. Paine's Institutes.

Again the reviewer, quoting the Institutes: "The attributes of the nervous power." Here the words in question are, attributes and power. The reviewer perverts Dr. Paine's exposition by first saying that "power is an attribute;" and thus, according to Dr. Paine, "power has attributes—that is, attributes of attributes." But the context from which the quotation is made shows a totally different meaning, which is variously expounded and illustrated in many parts of the work, and that the phrase is intended to mean, exclusively, the capabilities or offices which are ascribed by the author to the nervous power. Here, also, the reviewer, in the same spirit of misrepresentation, endeavors to falsify his author by identifying the import of the foregoing phrase with Dr. Paine's remark, "a vital principle, of various elements or properties," which Dr. Paine also designates as attributes. In this case, as in the former, the meaning of the brief phraseology is variously set forth, and with great elaboration. "The

elements" of the vital principle are its several properties, (irritability, mobility, &c.,) and these may be as correctly designated as attributes, as the capabilities of the nervous power in the other case, especially when the author expounds his meaning, as has been done most lucidly and advantageously by Dr. Paine.

Dr. Dowler's next criticism is aimed at the word power. Quoting his author: "The nervous power possesses the remarkable characteristic of being a vital agent;" at which the reviewer exclaims in ridicule, "The power is an agent!" Certainly an agent, or what else conceivable does power imply? The reviewer next quotes Dr. Paine as saying that "The nervous power does not generate motion either in animal or organic life," and then misrepresents his author as contradicting himself in having also said that power is an agent; whereas Dr. Paine defines the organic properties as generating motion, and the nervous power as a remote exciting cause.

The foregoing misrepresentations as to Dr. Paine's distinctions between the brain, spinal cord, and sympathetic nerve, and the different modifications of sensation, lead the reviewer into speculations of his own, the sum of which is, that "It is contrary to intuition or self-consciousness to affirm that the hand cannot feel as well as the head, that a burnt finger has no sensibility, &c." In all this attempt to confuse the subject, the reviewer exposes his own ignorance by assuming that the finger, or any part remote from the head, is as much the seat of consciousness as the brain itself, and simply because pain is felt in the finger when the fire burns. But Dr. Paine is guilty of no such absurdity as denying sensibility to any part of the body, but endeavors to show that all parts are endowed with it, excepting the nails, hair, and epidermis. But Dr. Paine does not, like his reviewer, make the blunder of supposing that pain can be felt in any part without an antecedent transmission to the brain of the impression in which the pain originates, and thus exciting the mental consciousness.

The reviewer's criticisms terminate here, without an attempt to invalidate any one doctrine; and the remainder of his article consists of scraps from the Institutes, introduced for the purpose of either showing Dr. Paine's confidence in his own teachings, or the reviewer's simple disagreement with them. The latter is particularly offended that Dr. Paine does not yield more to morbid anatomy, and that it is his opinion that "the laws of life and the laws of chemistry are as wide as the poles from each other;" a principle which is sustained throughout the Institutes, but which Dr. Dowler does not venture to

attack. His concluding part of the review is, however, interspersed with falsifications of the Institutes. Thus the reviewer is guilty of the enormous fabrication that "In his Preface, (5th edition,) Dr. Paine avers that all of his critics who do not commend his books are falsifiers and perverters." The very last sentence of the reviewer is, perhaps, as characteristic of the writer's malice and mendacity as any other part, in which he represents his author as saying that "the unanimity of the praise with which the Institutes has been received stamps the whole as the philosophy of medicine." What Dr. Paine really says of the approval of his work occurs in the Preface to the fifth edition; and what he says of stamping the whole as the philosophy of medicine is predicated of many contingencies, the statement of which appears on the first page of the work.

It is remarkable (such is the ruffled equanimity of the venerable editor) that the same number of the New Orleans Journal contains another, but brief, notice of the Institutes of Medicine, by Dr. Dowler, mostly devoted to a misrepresentation of Dr. Paine's references among the paragraphs of his work, which every reader will allow to be of great value, and to have cost the author a great amount of labor. This is evidently done to give plausibility to the falsifications in the review, as in the present case the critic employs figures, "which cannot lie," to defame the Institutes. Nevertheless, they do "lie," and after the following fashion: He begins with saying that the entire number of sections in the work is 1,090; while the truth is, that a large proportion of that number have the letters of the alphabet affixed, by which they are divided into distinct sections, and make in the whole more than 10,000. The critic then proceeds upon his basis of 1,090 sections, and the grossest arithmetical perversions, to represent the author in the ridiculous light of "making 1,390,650 references to his work." The following is a curious part of the mendacious process, supplying a good example of how "figures may be made to lie." Thus the critic avers that 893 is only "one of the 1,090 sections," whereas there is no such section as 893, but section 893a, and so on, alphabetically, to section 893r; thus making eighteen distinct sections, instead of one. The author's reason for this alphabetical arrangement of sections is their particular relation to a common subject; and in the instance before us that subject is Counter-Irritation, which occupies not less than seventeen pages. But that is not the worst of the critic's falsification of his author, for he states that "section 893, or one of the 1,090, has 285 references to the author." The critic is thus very exact, and says that he has counted the number in this section, and this only; being thus circumstantial, that he may gain the full faith of his reader. It is also upon this special basis of 285 references in one section, that he gets at the 1,390,650 references in the 1,090 sections. Now we have also taken the trouble to count the references embraced in the whole eighteen sections, which are represented as "one" by the critic, and which extend over more than seventeen pages, and we find the exact number, including the alphabetical distinctions and the dashes, to be only 121; that is, an average of seven references in each of the eighteen sections, instead of the monstrous misrepresentation of 285 in "one" section.

In common with the venerable falsifier, we have, of course, used the fifth edition of the Institutes, and this remark is made on account of the probability that the author will have added other references to the foregoing sections in a new edition of the Institutes, which will soon make its appearance. And this leads us to say, that having seen at Dr. Paine's house a proof of the Preface to the sixth edition, we asked his permission to publish it, in connection with a notice of the work, meaning thereby the present exposure. Here, therefore, is the Preface, which we commend particularly to a better good-nature and better honesty of Dr. Dowler. In any event, it is not likely that Dr. Paine will be wanting in defenders against the malevolence of critics.

#### PREFACE TO THE SIXTH EDITION.

A careful attention has been bestowed upon this sixth edition, as will be sufficiently manifest in the numerous references which have been added to the sections wherever the subjects under consideration are allied to other parts of the work and may derive illustration through this relationship. These new references (which occupy mostly the former vacant spaces at the end of sentences) are prospective as well as retrospective, and amount to more than seventeen hundred; and the indexes have been improved in a similar manner. The author has also endeavored to simplify the exposition of some of the most difficult problems, and to thus render them of more easy comprehension by the young medical student. For this purpose he could have equally desired greater amplification, and especially to protect himself against misapprehension or misrepresentation, (from the latter of which, however, he is not so unwise as to hope for escape;) but the vastness of the field, the immensity of the labyrinth which he has explored, has rendered it necessary to employ as much brevity as such variety and intricacies would admit, and he has considered it most expedient to carry into the Appendix and Supplement the same compactness that characterizes the body of the work. Of the Supplement, it is said that "it is very brief, but speaks a volume."

But whatever advantages in respect to detail and perspicuity may attend a work upon the principles of medicine, as founded in Nature. it can have but little chance with other systems, unless the student be ambitious of knowledge, and disposed to grapple at the very beginning of his career with the difficulties of truth as distinguished from the fascinating simplicity of error. The latter once impressed upon his imagination, or once productive of mental indolence, fetters his aspirations and decides his destiny. Hence the incalculable importance of a right beginning. Whatever the apparent obstacles, they may be soon surmounted. The task will have been the best possible mental discipline for the young inquirer. He will have learned the important art of thinking for himself; and when once inducted into the true philosophy of medicine, he cannot help thinking, and into the very depths of that philosophy. He will have also shielded himself against the He will quickly distinguish what is seductions of artificial systems. true in Nature from factitious analogies. He is not, however, to be discouraged from informing himself of spurious doctrines; and with this object in view, the author of these Institutes has incorporated in the work a copious exposition of the offsprings of error. But, as he has also endeavored to indicate their fallacies, the student has the double advantage of learning the inventions of art, and at the same time the infirmities which are so apt to commend them to our natural indolence. The author's method, therefore, if he be right in his premises, is not open to the objection alleged by Burke, (but, on the contrary, defeats it.) that-"when education takes in error as a part of its system, there is no doubt that it will operate with abundant energy, and to an extent indefinite."

Much has been recently said by a few writers upon the recuperative law of Nature, and presented in such a manner as to convey an impression that now, for the first time, the old doctrine of the vis medicatriz naturæ has been distinctly announced. The orator, for example, of the London Hunterian Society for the present year, remarks that—"From time immemorial the professors of the healing art, with one or two exceptions, seem to have known nothing of the course and termination of diseases, save in connection with, and as modified by, special therapeutical agents. Nearly all their reasoning upon the action of

medicines has, in consequence, been based upon comparisons of one method of treatment with another. They seem never to have thought of taking as the basis of their reasoning the curative resources of Nature herself, as ascertained by study of the natural course of disease."

It is evident that they who have lately written in the foregoing manner have had their attention diverted from Hippocrates, Celsus, Galen, &c.; and if they will turn to the mottoes at page 661 of this work, they will find that those early masters "took as the basis of their reasoning" what is supposed to be of such very recent origin, And the author of these Institutes, unwilling to be excluded, may be permitted to assure these reformers that throughout the work he has "taken as the basis of his reasoning the curative resources of Nature herself, as ascertained by study of the natural course of disease." It is the absolute foundation of all his Therapeutics, and the foregoing mottoes were employed to indicate the fact. But these reformers have, also, nearly as large a reliance upon Nature as the homeopath, with much less regard for the noble science, and appear to be of Magendie's opinion, that "the nurse can prescribe equally well," (§ 744;) and perhaps this may be what is intended by claiming for the honor of the present age the discovery of the vis medicatrix natura. aspect of the subject, the author of these Institutes does not sympathize, (excepting as it respects a few "self-limited" diseases, and multitudinous cases in which there is no profound derangement, results of mechanical injuries, &c.,) although he endeavors to expose the errors of excessive medication, and agrees with the abortive disciples of Nature, that wherever this practice obtains, (as it does with the mass of the profession,) the whole work of cure is supposed to devolve upon art; and this, he maintains, is the inevitable effect of the chemical and humoral doctrines.

Such is a glance at some of the objects of this work, and to which the author invites especially the impartial attention of the young student of medicine, and with the assurance that he will meet with no timid or unfair concealment of doctrines that are opposed to those of the Institutes.

There remains to be noticed what may seem to be an isolated subject, but which is essentially relative to physiology—the essay upon the Soul and Instinctive Principle, (incorporated in the Appendix,) in which the author endeavors to demonstrate the substantive existence and self-acting nature of the Soul and Instinct upon strictly physiological principles. If this have been accomplished by the author, who

believes the demonstration to be conclusive, then is there an end to materialism; and even he who doubts not the probabilities of the metaphysical inductions, or relies with greater confidence upon revelation, must realize a new satisfaction in that tangible proof which no ingenuity can invalidate, no misrepresentation pervert, and no sophistry evade.

As to the author's reference to his essay upon "Theoretical Geology," (p. 908, 927,) it will be seen that the work embraces many facts that are allied to organic philosophy; but it is now his object to state that the discussion proceeds upon recognized grounds in natural philosophy, chemistry, geology, &c., and without departing from the rules prescribed by "positive science;" and as the author's aim is simply the development of truth, he entertains the hope that the essay may be scrutinized according to its supposed philosophical prem-The issue must ultimately turn upon this mode of investigation, not upon the usual ground of geological hypotheses, which, indeed, are the very things in question. It must be decided in the open field of those various sciences which constitute the physiology of Nature; since the near affinities among the facts in geology constantly bring them under the collective interpretation of the different departments of knowledge, and no one who has not directed his attention to the whole circle of the sciences is qualified to grapple with the subject.

NEW YORK, September, 1860.

## VERATRUM VIRIDE

TO THE EDITOR OF THE MEDICAL GAZETTE:

In the April number of the Gazette for 1859, is an article which I furnished, on the subject of Veratrum Viride, giving the result of my experience with that very active medicament, for the previous two years, and a number of cases, showing that its most striking and noticeable effects on the human organism were those of a pure sedative of great energy, which are sometimes manifested with extreme suddenness, producing very unpleasant, and even dangerons results; and although I admitted that it might be used in inflammatory and dynamic diseases in such a manner as to obtain from it beneficial results, yet that I had never witnessed in any case those remarkably good effects that some physicians claim to have done. I likewise, in the same number, made some remarks on an article of Dr. Close, of Port Ches-

ter, "On the Bradycrote or Abortive Treatment of Fevers," by veratrum, digitalis and aconite, in which the doses recommended by him seemed to me dangerously large; referring particularly to a case stated by him, of a child between three and four years old, for which he had prescribed tinct. veratrum, gtt. 3; digitalis, gtt. 5; aconite, gtt. 2; to be repeated every two hours, and which was thus continued for three or four days, with, in this instance, apparently good effects, as the child recovered. As a counterpart to this, and to show the uncertainty of the action of veratrum on the system, I related the case of a little girl ten years old who had acute pneumonia, who by one dose only, of three drops of the saturated tinct, came very near being killed; in which case there could be no doubt as to the effects being due to the veratrum, as the pulse was reduced from over 100 to 60 per minute.

Dr. Close replied to these remarks, and assured us that he had used verstrum, combined with digitalis and aconite, for eight or ten years, without one unpleasant result, in any case, during the whole of that time; and that he had almost uniformly succeeded in cutting short in a very few days (from 3 to 8) "fevers" of every description, without reference to their cause. Although it appeared to me that Dr. Close used the term "fevers" in a sense somewhat vague, not stating explicitly whether he intended to include under it original, idiopathic fevers only, or all diseases which were attended with fever, still, in either case, his success had been so remarkable, that I resolved to make further observations and trials with veratrum and digitalis, before making any reply on the subject; and this I have done from that time to the present, and am now obliged to say, that these numerous further experiments have confirmed me in the correctness of the opinions expressed in my former communication on this subject; and all I have to say as regards Dr. Close's statement is, that if he or others succeed, as a general rule, in arresting fevers of every description, by means of veratrum, with or without digitalis and aconite, never encountering any unpleasant consequences, I rejoice at their success, freely confessing that I have not been able to obtain like happy results.

Since my previous report, I have used veratrum with much more caution than before, in smaller doses, and generally combined with digitalis and morphine, as recommended by Dr. Close, with the view of avoiding, if possible, its nauseating, and sometimes very suddenly depressing effects; and I may add that this plan, so far as these unpleasant effects are concerned, has in the main been successful; but not en-

tirely so, for a few instances have occurred in which they manifested themselves very suddenly, to the great alarm of the friends of the patients. The following is one of them, which occurred last November, in a stout, able-bodied farmer, who had a severe attack of pleuro-After bleeding to 20 oz., I put him on the use of the following: Veratrum, gtt. 4; digitalis, gtt. 6; solut. morphia, gtt. 3; to be repeated every three hours, thinking that if this prescription was ever indicated, it was so in this case. This was in the evening; on the following day I saw the patient, and ordered the medicine to be continued. Mark the consequence: the succeeding night, at 2 o'clock, I received a message requesting my attendance as speedily as possible. the friends of the patient fearing he would die before morning. was unlooked-for intelligence, as only a few hours previous there was not one alarming symptom. As the night was one of Egyptian darkness, and the patient lived six miles distant, I had, consequently, an extra-delightful ride, for which I at once suspected I was indebted to After ascertaining the state of the patient, I was not surprised at the alarm of his friends. He was nearly in a state of collapse; his extremities were cold, he was sweating profusely, he had vomited much, his bowels were very loose, and he complained of a distressing feeling of exhaustion and sinking, and his pulse was reduced from over 100 to 50. This last showed beyond a doubt the cause to which all these disagreeable symptoms were to be ascribed. I must not omit a very striking fact. The cough and pain in the chest, both of which had previously been acute, had ceased entirely, and they did not return under three or four days, and then were comparatively slight. The unpleasant symptoms were relieved by dry, hot applications to the extremities, and an anodyne of solut. morph., with aromatics. ten days therefrom the patient had entirely recovered. very probable that, in this case, the powerfully sedative effect of the veratrum and digitalis after the venesections greatly aided, or was the sole cause of the solution of the thoracic inflammation, thus abruptly cutting short the disease. Remedies, however, that should often operate in this violent manner, would, as a general rule, both by patients and their friends, be regarded as altogether too heroic, and belonging to that class that either cure or kill.

Physicians of my acquaintance of whom I have inquired as to the result of their trials of veratrum, all concur, or all who have used it to much extent, in saying that they have had cases similar to that above stated. Most of them have used Tilden & Co's Extract, which,

although a good preparation, is much inferior in strength to the saturated tincture; and as they generally prescribed it in about the same doses, four or five drops, this is one reason, or the sole reason, why they do not very frequently occur in their practice. In any case of acute inflammatory disease, it is always desirable, and sometimes of the last importance, to bring the system as speedily as possible under the controlling influence of remedies; and if, in order to do this, we resort to veratrum, or veratrum and digitalis, either with or without bloodletting, and give efficient doses, say 5 or 6 drops every three hours, we may possibly effect, and speedily, our object. Unfortunately, however, in every case thus treated, we are compelled to take the risk, unless we have the luck to have but one patient, and can afford to remain with him, of its producing, at very short notice, great and perhaps dangerous prostration, thereby greatly alarming the patient and his friends, and giving us the chance of receiving, perhaps in the middle of the night, the pleasant message that our patient is supposed to be dying.

On the other hand, given in doses of 2 or 3 drops, either with or without 5 or 6 drops of digitalis, it may generally be continued for some time, a week or two, with probably no sensible effect, except, perhaps, that the disease for which it was prescribed gradually declines; and it might have done so without it; but from its unquestionable sedative powers, the inference is rational that in an inflammatory disease, it may, in these small doses, have contributed to that Its effects, however, in this way, are merely presumptive or inferential; by no means positive or certain. Dr. Norwood, of Charleston, is said to have employed it, not only in pulmonary inflammations. but also in Typhoid Fever. Of its effects in this disease I can say nothing from my own observations, for I should as soon think of putting a lancet into the patient's arm, as of prescribing veratrum; and if Dr. Norwood, in the treatment of this disease with this sedative, met with the success that is claimed, I am entirely satisfied that his patients recovered in spite of his remedy, which received the credit due to nature alone; a circumstance, perhaps, not very uncommon. had any curative effect in this disease, it could be on no other than the homocopathic principle of "Similia, &c.;" and as we all know this last to be a fiction, there is in my mind no doubt but that the first is Our profession formerly was so overladen with false facts and hasty generalizations, leading of course to false theories, and such contrariety of practice, as almost to justify the sarcasm that in our

profession "nothing but uncertainty is certain." Within the last few years, however, many medical cobwebs have been brushed away, and there are some remaining that require, and will certainly receive, the same treatment.

Dr. Norwood's doses of veratrum were 8 drops of the saturated tinct., every three hours, increasing one drop at a time until the pulse was reduced, or nausea and vomiting ensued; which last, I think, would soon follow, and then, as a consequence, very probably the first. Dr. Wood, in the U. S. Dispensatory, says, "6 to 8 drops, every three hours, and increased to 8 if necessary, until its effects are produced, may be given with safety." He adds, however, that it should be given "with caution." He should have said, very great caution. The powerfully depressing effect produced upon a strong man, laboring under an inflammatory disease, by 3 drops with 6 drops of digitalis every three hours, is shown in the case given above in this paper; and in the April number of the GAZETTE, for 1859, I reported six cases, the subjects of two of which barely escaped with their lives; of this any one who will take the trouble to turn to those cases will. I In none of these did the doses exceed five think, be convinced. drops every three hours.

Like causes must produce like effects, and those physicians who have an extensive practice, and frequently prescribe veratrum, in Dr. Norwood's and Dr. Wood's doses, must meet with cases similar to those I have reported, unless they remain constantly with their patients, and carefully watch its effects, which few can afford to do. This is the only safe method of using it in those doses. Those who do not do this, and yet meet with none such, use most probably a preparation of inferior strength, as I am perfectly confident, from my own observations, that the peculiar susceptibility to the depressing action of veratrum, that idiosyncrasy that can neither be foreknown nor explained, exists in so many persons, that it is all but impossible that otherwise they could have been entirely avoided.

E. Platt.

RHINEBECK, Sept. 1, 1860.

## GLEANINGS FROM FOREIGN JOURNALS. &c.

By Dr. Marsland.

Surgical Treatment of Glaucoma.—Dr. Hulke, of London, at a recent meeting of the Royal Medical Society, read a paper on the treatment of this obscure and obstinate disease by iridectomy, which has

been extensively practiced with success at the London Royal Ophthalmic Hospital, and in private. Iridectomy consists in excising a segmentof the iris, in its whole breadth from the pupillary margin outward to its insertion. This is effected through an opening of corresponding The operation size, at the extreme edge of the anterior chamber. may be safely attempted at any part of the iris. Graefe usually makes it ontward; but, when desirable, it may take an upward course. removing the iris in this manner the pupil is at once enlarged up to the corneal incision, which forms the base of an artificial coloboma iridis. Exposed in full view is then seen the edge of the lens, with the suspensory ligament, stretching in front of the vitreous humor and the ciliary processes. From the cut edges and surface of the iris a little blood usually cozes into the anterior chamber. This should be carefully pressed out, or removed with a scoop. The after-treatment is simple; as a precaution against hæmorrhage, light compresses may be applied for a short time, and replaced in an hour or two by a piece of wet rag. The room should be shaded. Little else is necessary: at first the aqueous humor trickles away. Then the corneal wound soon heals, and the anterior chamber fills again. The hardness of the eveball is at once lessened, and a natural tension is gradually attained; the pain soon abates, and by degrees ceases altogether. Ultimately vision is usually more perfect where the operation has been performed in the early stages of the disease. The difficulty of performing iridectomy has been unduly magnified, and when chloroform is used it is simple, and requires no more skill than most surgeons possess. disfigurement produced by the coloboma iridis is said to be very slight.

New Cure for Burns.—The Maryland Medical Journal records a case in which a severe burn was cured by powdered alum. The patient was intemperate, and dissipation had completely shattered his constitution. The wound was large, foul, offensive in odor, and rebellious to ordinary remedies. To arrest the bleeding, which was profuse, powdered alum was applied. The results were so good in other respects that this astringent was again and again sprinkled over the diseased surface, being covered with a thick layer of calamine cerate, and further protected from the air by a piece of very light oil silk. Soon after the first application, the man was so much relieved from pain that he slept without anodynes. The wound rapidly healed. His general health is now better than before; and, singularly enough, there is a much less unsightly cicatrix than after similar accidents, usually disfiguring the patient for life. This treatment may, perhaps,

be approved by experience, but that of painting the wound with glycerine and subnitrate of bismuth, and then covering it with a protecting layer of clean carded cotton, is mentioned by the N. A. Medico-Chirurgical Review for July, as being of undoubted value, and possesses the advantage of having been repeatedly tested.

Sterility Cured by the Sponge-Tent.—A case is reported in L'Union Médicale for 28th June, in which sterility from extreme narrowness of the canal of the cervix uteri, and a great rigidity of its tissue, was cured by the daily introduction of a cone of prepared sponge into the interior of the neck, and by the use of a hot-bath for an hour Two months after the termination of this treatment the patient became pregnant, and in nine months gave birth to a healthy. vigorous boy. As many females hesitate to submit to the division of the neck by the operation of Simpson and Spencer Wells, the success of the less formidable operation with the sponge-tent might be tried This operation, as is well known, was first performed with advantage. by Simpson to discover certain foreign substances in the cavity of the uterus, such as small polypi, or round fibrous bodies. His mode of application is as follows: a metal staff, 10 inches long, fixed in a handle, and bent at an obtuse angle at 11 inch from its free termination. is inserted into the base of a small cone of prepared sponge, 2 inches long. Having previously introduced the index finger into the vagina. the instrument is passed along the pulp of the finger, the sponge is engaged in the orifice, and pushed gently into the cervix. By degrees it swells and dilates the orifice. In 24 hours the sponge is removed. and a larger one is substituted, until the necessary amount of dilata-With regard to the adaptation of this operation to tion is obtained. stricture or adhesion of the cervix, it must, however, be observed that most of these cases are congenital, and the trouble is usually located at the external orifice, and seldom near the internal orifice of the canal.

New Diseases in India.—The Oude Gazette states that a curious disease is prevalent in Lucknow and its vicinity. Old and young of both sexes are suddenly seized with a giddiness, drop down, and usually die in the space of a few hours. In Sultanpore ten out of eleven who were attacked in one day, and 15 out of 23 on other occasions, died within 24 hours.

Vaccination in Syphilis.—Mons. A. Guérin reported lately to the Surgical Society of Paris on M. Lukomski's method of treating syphilis by vaccination. After showing the inefficacy of this mode of treat-

ment, the author added, in conclusion, that M. Lukomski deserved the Society's thanks respecting his good intentions, but that the members request he will not continue his experiments, as they are dangerous to the sick, and might get him into trouble.

Aloetic Injections in Gonorrhoa — Dr. Gamberini, the well-known lecturer on clinical surgery at the Hospital St. Ursuls, at Bologna, has had some success in the treatment of gonorrhoa by injections of diluted tincture of aloes. It is said to cure the discharge, even in the most refractory cases, more rapidly than the astringents usually prescribed. The formula recommended is as follows:

R.—Tra. aloes, Siv.; Aquee, Siv. M.—Fiat lotio. To be used three times a day.—Lombard Jour. Med.

Are Hysteric Patients Subject to Phthisis?—The coincidence of phthisis with hysteria, cancer, asthma, or emphysema of the lungs, is. so rare, that it has been asserted that the presence of any of these diseases exercised a protective influence in the constitution antagonistic to the formation of tubercle. This is, however, by no means a general rule. M. Beau, of Paris, in a recent clinical lecture at La Charité, offered some remarks on this subject. Two cases were exhibited, in which the patients, who were middle-aged women, presented symptoms of the suppurative stage of consumption, and manifested also unequivocal indications of hysteria. M. Beau, after remarking that none of the above named morbid conditions are incompatible with or prophylactic against phthisis, referred to an almost constant symptom of this disease, which is hardly mentioned by any author on this subject. There is a pain felt, on pressure, in the popliteal region. or on the sides of the thigh, a little above the knee. It is fully as constant as the premonitory headache, so often among the earlier signs the only prominent one, and more reliable.

Pyocyanine.—It is well known that pus sometimes imparts a blue stain to the rag bandages employed in dressing. M. Fordos has collected rags so stained, and has extracted from them a blue matter which he calls pyocyanine. The separation he effected by macerating the rags for some hours in slightly ammoniacal water. The greenish blue solution thus obtained he then shook up with chloroform, which separated the coloring, together with some fatty and other matters. This substance, he says, is altogether different from biliverdine, which some have considered as the coloring matter of blue pus. It differs also from cyanurine, found by Bracennot in a blue urinary deposit.

and also from the blue matter found in the bile by Chevreul, and in the blood by Lecanu. Pyocyanine, like many other coloring matters, becomes colorless under the influence of a deoxydizing agent, and retakes its color when in contact with the oxygen of the air. Hence we see how a colorless pus may stain a bandage blue.

New Remedies,—" Who does not know," says Dr. Forget, "that in a handred therapeutical novelties there is often not one that is viable? We are daily told that when a new remedy appears, the first duty of the physician is to believe in it. He has no right, forsooth, to doubt the intelligence, or to question the good faith, of the inventor. first duty is to try it. Now, all this is flagrant absurdity, if indeed it be not unprincipled hypocrisy. Such false principles have been introduced by individuals who have an interest in being on good terms with everybody, and who find their account in parading new remedies. Our real duty is the very reverse of this. Proof must be sought. must not expose ourselves and our patients to new deceptions. persons in plenty may be ready enough to try the new thing. the wise man. He will pause before incurring the danger. Should you be victimized, and fall into the snare, your perplexity will be without bounds; for new remedies spring up in such quick succession that you will scarcely have done with one before another is before you. find a good one, instantly you will be presented with a better, and you will end your days hunting after novelties, having all your life played the unenviable part of a dupe, and leaving behind you the memorial due to a superficial, unreliable, and unstable physician. New remedies. as such, have no claim on the physician. The contrary rule has been invented by intrigants, who are anxious to draw towards themselves the public attention, to gain, by whatever means, a certain kind of notoriety.

State-pencil in the Bladder.—The German journals contain an account of a girl, eleven years of age, who introduced a piece of slate-pencil, 2 inches long, into her bladder through the urethra. Efforts to remove it being unsuccessful, it was left quietly in situ. Thirty-one days after the first examination the slate-pencil was spontaneously pushed with the urine into the urethra, and, projecting through the vulva, was readily removed.

lodine.—"The history of iodine," says Dr. Forget, "is very remarkable. First introduced as an anti-goître remedy, it was long before it obtained credit in scrofula. For some years it has had a tremendous run. In its new phasis it began by curing hydrocele; then a bold hand introduced it in hydrarthrus; then it passed into ascites; then

di milia.

inte hydrothorax, into the pericardium, and I believe it has penetrated even into hydrocephalus. This is not all. It cares ovarian cysts, chronic abscesses, fistulæ, caries of the bones; it disinfects, detergas, and cicatrizes wounds of a bad kind; it cures diphtheritis, dysentery, cum multis aliis. Ah! here is the remedy of remedies, the specific of the present age."

Triumphs of the Obstetric Art.—Dr. W. Farr, in a recent published letter to the Registrar-General of England on the causes of death in 1857, notes that a happy decrease of the danger of child-bearing continues; 42 mothers died to every 10,000 children born alive in 1851; in 1847 the proportion was 60; in 1848 it was 61; and since that date the mortality has regularly decreased every year, leaving the average loss in ten years 51 mothers to every 10,000 children born alive. This branch of medicine, he adds, is cultivated in the present day with extraordinary zeal by men of superior ability.

Another Cancer Specific.—Three medical men from the steppes of Kirghiz, a vast tract of land between the boundaries of China and Russia, have lately arrived in St. Petersburg to offer a specific remedy for cancer. The Academy of Medicine of St. Petersburg has refused permission to institute experiments in the hospitals with a view to test the efficacy of the alleged remedy.

Connection of the Two Circulations in the Placenta.-M. Flourens, at a recent meeting of the Academy of Sciences, announced a fact of considerable interest. He exhibited several portions of the skeleton of a fœtus, which was colored during fœtal life in consequence of madder having been mixed with the food of the mother. In the tibia and fibula of the right leg the substance of the bone was highly colored, while the periosteum was not tinged at all. The curious experiments of Duhamel were almost forgotten, when in 1840, a century afterwards, M. Flourens, who had resumed these investigations, exhibited to his colleagues colored skeletons of pigeons, to whom madder had been But there is this difference between the two series of experiments: in the first class the animal whose bones were reddened had itself taken the coloring matter, which, entering the blood, passed thence into the bones. In the new series of experiments, on the contrary, it was to the nourishment of the mother that the madder was added, and from the parent circulation it passed into that of her unborn offspring, and thus became deposited in the bones. In the placenta a direct connection seems thus proved to exist between the two circulations; and the blood of the mother and that of her unborn offspring, though the fact has never been demonstrated before, have communication with each other.

Medical Legislators.—The Echo Médical states that twelve physicians have been elected to the Parliament of the new Kingdom of Italy. Among them are the names of the Minister Farini, ex-Governor of Emilie; and of the two chief representatives of medical science in Italy, Professors Panizzi, of Pavia, and Buffalini, of Florence. The long-tried devotion of the leading minds at the Universities to the cause of Italian liberty merited such a recognition.

Complete Atresia of the Os Uteri in Labor. By Don F. Alonzo. Professor of Obstetrics at Madrid.—Manuéla Lologaistua, aged 30. had menstruated at 14, without subsequent irregularity, and became pregnant for the first time in February, 1859. Gestation was attended by no other derangements than the ordinary sympathetic affections of the digestive tube. On the 10th November labor-pains commenced: three days elapsed without the least appearance of dilatation. ing called in consultation, I found the patient enduring severe and fre-Her anxiety was great; her tongue was dry; she was quent pains. tormented with thirst, agitation, and fever. On exploration by the vagina, the finger perceived, at the superior third of the cavity, a round, hard tumor, formed by the vertex of the fœtus resting on the inferior segment of the uterus. I explored its entire circumference to the vaginal insertion, without discovering a vestige of the orifice. I only found in the middle of the posterior portion a superficial fold like a bridle, with a small furrow on the left side, which barely admitted the finger-nail. The case was evidently one of atresia, and an operation was indicated.

After waiting four hours for the descent of the vertex, the patient was placed in position, and after emptying the bladder, and ascertaining that the rectum was also empty, I applied Gerdy's two depressors, one anteriorly and the other posteriorly, and my two colleagues maintained them in position; about two inches of the inferior segment of the uterus was thus visible, and I saw the bridle I had recognized during the previous exploration. This served me as a guide. The incision, for which I used a convex, sharp-pointed bistoury, was made a little in front of the bridle, and extended about half an-inch. I proceeded to deepen the incision little by little, and layer after layer, the index of the left hand indicating the depth of the orifice at each successive stroke of the bistoury, and my assistants sponging away the blood to recognize the incision. I thus perforated the uterine wall, and

the finger entered the cavity. Then I dilated the opening to the right and left with a guarded bistoury till it extended 20 or 24 lines, which we deemed sufficient. The vertex came immediately into view, and was not covered by the membranes. The hæmorrhage was trifling, and the patient did not complain of anything, except of the tension made by the depressors. The wall of the uterus was four lines thick.

We now awaited the progress of the labor. Renewed contractions came on, which dilated the orifice, and rounded it. Soon the occipito-anterior presentation was recognized. In two hours the pains became expulsive. When the opening had dilated to about an inch in diameter, I found that the posterior border was dense and tight; I therefore, with Cooper's concave bistoury, made an incision of three or four inches in length, cutting on the index finger of the left hand. The head then gradually descended. At noon next day it was at the inferior strait, the pains continuing. At this time the patient was almost exhausted. Pyrexia had supervened; the tongue was dry; the thirst was intense. Venesection was determined on, and six ounces of blood were abstracted, the patient being afterwards placed in a bath, at 82° Fabr., for half an hour.

At six in the evening, twenty-six hours after hysterotomy had been performed, the labor was completed; the child was robust. Some symptoms of asphyxia disappeared when the cord was cut, respiration being firmly established. The delivery was spontaneous, and the patient did well.

A similar case was treated by Prof. Corral, Accoucheur to the Queen, and was recorded by him in an interesting paper on vaginal hyster-otomy.—Siglo Medico and L'Union Médicale.

#### A NEW NEEDLE FOR SUTURES.

By PAUL F. Eve, M.D., Prof. of Surgery in the University of Nashville.

I offer to the profession a needle designed chiefly for metallic sutures. Messrs. George Tiemann & Co., No. 63 Chatham Street, New York City, call it the Canulated Needle. It is armed with a silver wire, one extremity of which projects near the point of the instrument, ready for being drawn through the canula, after the flaps have been transfixed. This is done in withdrawing the needle from the wound. The wire is straight, that it may glide smoothly through the canula.

Dieffenbach, some years ago, invented a needle for lead-wire; the

shank of it being hollow, has a screw cut in it, into which the leadwire is twisted, and thus secured, follows readily the needle through the soft parts. Mr. Tiemann thinks silver wire can be made so soft that, like lead, it may also be screwed into the shank of this needle. Prof. Simpson has proposed a hollow needle for staphyloraphy. Dr. Levis, of Philadelphia, uses a grooved needle to accommodate the metallic ligature, so as not to obstruct its easy passage through the flaps of wounds; and recently several similar modifications in the common surgical needles have been made to adapt them for wire sutures.

An objection to the general employment of the metallic sutures, now almost universally recommended, is the want of a needle to deposit them readily, and precisely where designed, in the edges of wounds. The wire, when doubled at the eye of the common surgical needles, becomes cumbersome, is distorted, and difficult to be placed accurately. Indeed, the curved or straight needle, even with all the holders or porte-aiguilles yet invented, is but half an instrument—it lacks a handle. I am persuaded no one ever yet practiced post-mortem examinations without experiencing, sometimes quite painfully in his fingers, how sadly defective is our suture apparatus. And who, let me ask, has not been embarrassed by the loud and just complaints of his patients, in the awkward, twisting, boring process of thrusting a needle through flaps with fingers, holders, or forceps—an operation, too, that not unfrequently wounds both parties engaged in it?

My needle is mounted on a fixed handle, and is therefore under the control of the operator. It is slightly curved, and has a lancet-like point and shoulders, to facilitate its passage through the soft parts. The novelty of its construction is the canula at the curvature, through which the ligature, metallic or otherwise, is passed, and this may vary from ½ to an inch or two in length. I have had three sizes made, the smallest for silver wire and the larger for lead. I have just sent an order to Mr. Tiemann for one very delicate, more curved, and with a longer handle, for a case of staphyloraphy, now under treatment for operation.

The needle, armed with the ligature deposited in the canula, is made to transfix the flaps gently held together; the wire, now pushed through the canulated portion, is seized and held by the fingers while the needle itself is withdrawn. The sutures are thus properly placed with great ease and but little pain, and the wound is ready for dressing. My plan is not to cut off the extremities of the ligatures close

to the knot, but simply to twist the wire to close the wound, then lay its two extremities down on the integuments, and there secure them by adhesive strips during the healing process. In this way the wound is not liable to be injured by their sharp cut ends, and the same ligature may be repeatedly used.

Obnoxious to the single objection of size, for I have long advocated small suture needles, knowing well how patients suffer in stitching the flesh, the one here described is certainly quite simple, inexpensive, (costing but \$2 apiece,) is of easy, accurate, and of general, if not For instance, in vesico-vaginal fistula, the universal, applicability. needles now in use are not only brought through, but out of the edges surrounding the opening, a very difficult and painful step in the operation, and then a silk ligature is introduced, to be supplanted by that of silver: whereas by the new needle here proposed, the wire is immediately and readily applied by simply transfixing the soft parts and drawing it from the canula. Again, by reversing its action, that is, by first transfixing the flaps, then placing a waxed thread into the opening of the canula near the point, in now withdrawing the needle, the ligature is deposited, and by repeating this movement, the continued suture is made. The cadaver may thus be rapidly, and with great ease, stitched up after a post-morten examination, by simply thrusting this sharp instrument through the edges of the incisions and arming the canula with a small cord at its point.

It was called forth by the introduction of the metallic suture by Sims, though the waxed thread can be applied by it; and was suggested by Simpson's canulated needle, which, however, I never saw; as well as the difficulties and pain produced in applying the common eyeneedles, even with holders or fixed handles. It has been tried in the edges made after the removal of a large scirrhous mamma, and in the flaps of an amputated leg. I can with confidence say that it answered an excellent purpose.*

^{[*} This article reached us too late to have the drawing engraved, but the description is intelligible without it. The cut will appear, however, in the Nashville Medical and Surgical Journal, for October, or the instrument may be seen at Mr. Tiemann's.]

# SELECTIONS.

# Medication? or non-Medication? That is the Question.

By BENNET DOWLER, M.D.

"In regard to the employment of the experimental method, we stand much upon the same point as that upon which chemical experiment stood in the times of phlogiston, or even of alchemy; and as the phlogiston hypothesis so long stood in the way of every more exact investigation, so our attempts have been impeded by the old hypotheses of an 'archæus' or a 'pneuma,' and by the more modern ones, of a vital force, a typical or healing force, and, lastly, by the so-called ontological conception of diseases as special entities, no less than by the belief in mystical medicinal forces."—F. OESTERLEN, M.D. Med. Logic, p. 262.

The recent unexpected and much lamented death of Dr. Todd, of London, just as he had completed his new book on "Clinical Lectures on Acute Diseases," seems to have drawn much attention to this work as the last will and testament of a man whose previous career of authorship had been alike useful and illustrious. Although there may be but little merit in praising a dead competitor, yet, it is but just to say, that the living not less than the dead Dr. Todd seems to have been highly appreciated at home as well as in this Republic. It is, however, difficult to account for the special eulogy and sanction awarded to his last work by practitioners, teachers and reviewers, seeing that it utterly denies the existence of acute inflammations, acute diseases, and sthenia, and interdicts antiphlogistics altogether. Dr. Todd is not, however, a strict non-medicationist; he has a remedy, if not a panacea. It is, O. Sons of Temperance ! rejoice. O ghost of John Brown, of Edinburgh! it is alcohol, brandy, wine. Leave the rest to Nature. poet but followed the faculty of former days in his anathema:

> "To those whom fever burns, the smell Of vigorous wine is death and hell."

Of Dr. Todd's book, which is devoid of novelty, originality and sound logic, it is not intended to make any special mention, further than that it seems to have given an almost epidemic impetus to skepticism. It is easy to see that its chief eulogists are delighted with, and emboldened by, its authority. In this defection, it is asserted many of the younger members of the profession are included. Doubtlessly, the great majority will never join in the revolt, but imitate Milton's

"Abdiel, faithful found Among the faithless— Among innumerable false, unmoved, Unshaken, unseduced, unterrified, His loyalty he kept, his love, his seal; Nor number nor example, with him wrought To swerve from truth, or change his constant mind."

In making a few unpremeditated and unsystematic remarks upon the existing skepticism in regard to medicinal treatment, doubtlessly the strict logician may discover some errors and inconclusive arguments; but if the leading postulates be on the whole sustained with more or less probability—if there be no undue biases in favor of untenable theories, or over-estimates of the valid claims of therapeutics—no malice towards those who wholly repudiate these claims, the reader will, it is hoped, excuse the attempt to defend the truth, though it may not be in all respects successful.

Dr. Todd's rejection, in toto, of the doctrines of sthenia and antiphlogistics, is received with acclaim by the skeptics. These terms may or may not be pathologically correct. Sthenia and asthenia, though convenient and useful words, are of hypothetical import in pathology, if literally applied. The very excess of sthenia is often the parent of asthenia. It is, however, impossible to provide accurate terms for that which is but imperfectly known. Even active and passive hæmorrhages differ, not in their nature, but degrees. Active medication has no antithesis which can be conceived, much less practiced, as being medication at all.

The old doctrine of phlogiston has given impetus to the hypothesis that there is a fundamental class of medicines which are antiphlogistics and constitute a method of cure, namely, the antiphlogistic method or system-which, as all know, a few years ago reigned with unrelenting despotism. The medicinal agents which were given under this name in diseases called phlegmasial, phlogistic or inflammatory, because of their real or supposed efficacy in removing inflammation by acting antiphlogistically, became a class, and every cure thus achieved was supposed to prove the correctness of this classification: thus doctrine. language and therapy mutually confirmed each other, and a mere hypothesis was regarded as the deduction from rigid science. What has been gained in therapy by labored arguments for and against the antiphlogistical character of quinine, mercury, opium, etc? The using this word either to designate a class of medicines or a method of treatment may be convenient, rather than correct. If brandy in certain cases of fever or inflammation should, as it may, lessen the disease, it would be entitled to the character of antiphlogistic as well as venesection; and so of other remedies among stimulants, and tonics, and diet.

After writing this last paragraph, the following jeux d'esprit, half argument, half irony, by M. Forget, was met with in the Medical Times and Gazette, of last June, and will be subjoined, although its import is little favorable to drugs and druggists, and their prescribing patrons, the doctors:

"Dr. Forget on Antiphlogistic Treatment.—Broussais invented inflammation and bleeding, it seems. Hippocrates, Celsus, Galen, never suspected the existence of inflammation. MM. Andral and Gavarret are only the satraps of the reformer; and as for bleeding, this same Galen, and Sydenham, Botal, Guy-Patin, Chirac, Sylva, Hecquet, Bosquillon, and tuti quanti, never used the lancet. Hence, then,

"Si nous saignons sans succès, C'est la faute de Broussais."

Unable to destroy inflammation, we have begun to calumniate it; it has completely changed its nature, we are told. For three thousand years it has been considered as an exaggeration of the vital forces, but we have it now demonstrated as a depression of the nervous system. For three thousand years bleeding has been used as the most natural means of disgorging the inflamed tissues; and now it is irrefragably proved that bleeding aggravates and produces inflammation. We have not only theoretical proofs of the fact, but we have practical proofs, which no one will refuse-clinical experiment. Thus English, German, and French practitioners have taken it into their heads to lay the bridle on the neck of the phlegmsiæ of pneumonia and erysipelas, for example; some of them have the courage even to treat them with alcohol, by the aid of which their patients do admirably. you will say, that does not surprise me at all; we have had expectant doctors, like Hippocrates; and busy doctors, like Asclepiades; and debilitating doctors, like Sydenham and Broussais; and stimulating doctors, like Morton and Brown. At all times there have been empirics and methodists, who have, turn by turn, ruled the medical world. Bronssais dethroned Brown, and now behold Brown revenging himself on Broussais. Science, like representative government, is a system of balancing. The truth of to-day is the error of the morrow. All which proves that there is no constancy in Nature, as Bichat has said, and proves also that Nature is stronger than physic and physicians; for if she were the slave of systems, the world would soon be a desert. But statistics? you will say. Statistics are always on the side of the party who invokes their aid; they are kindly handmaids,

at the service of the first-comer. The value of statistics is the value of the observer. Science, good sense, and honesty are of more worth than figures."

It appears from an interesting and finely illustrated memoir, for which the Academy of Sciences lately awarded M. Forget a prize, (a memoir kindly sent to the New Orleans Medical and Surgical Journal,) that while M. Forget says, "I am a partisan, pathogenically of the doctrine of naturism," yet the very first case reported in his work, he calls an "ulcerous inflammation," and the treatment first adopted is called antiphlogistic. He says: "In November, 1854, a violent inflammation occurred. Antiphlogistic treatment was employed, two applications of leeches were made, and the inflammatory symptoms decreased."—(Dental Anomalies and their Influence. Pp. 7, 8, 28.)

Sthenia and antiphlogistics, I may further remark, are innocent and legitimate babes, compared with numerous phrases and terms in use, which, however, serve admirably to conceal our ignorance of certain pathological and therapeutical topics, as nervous, reflex, dynamic, etc., among which is one now becoming axiomatic, as if it were as clear as that a part is less than the whole -namely: that pathology is nothing but diseased or deranged physiology; symptoms, pathological anatomy, all quantitative, qualitative, all dynamical and material aberrations and changes being purely physiological. But if it were expedient to look very closely into this seemingly lucid explanation, it would soon appear that there is more darkness than light in it. One might as well define falsehood by deranged truth, insanity by deranged sanity, vice by deranged virtue; all of which are antitheses, being neither analogous nor identical. Whatsoever is morbid is a constant recession from and incompatible with physiological function. is not health. Whether we rely upon what we observe in the ordinary maladies of people, or produce, artificially, that is, by experiment, diseased conditions, it will be seen that every morbid symptom or change is just so far a departure from the normal physiological actions which constitute health. Physiological sickness and physiological venesection, or drugs, as opiates, quinine, blisters, etc., do not, at least, appear to be very happy examples of medical nomenclature. same remark may be applied to those writers who mention that sensation is sometimes not perceived or felt. Now, any sensation which is not felt, is not. The feeling of a sensation is the whole of it, and essential to its very nature. Hearing, seeing, smelling, tasting, pain, anger, which produce no sensation, have no reality for the individual, neither for the judge nor jury, and could not be received as evidence in any court.

According to the new, or rather according to the old sect now revived, "Nature healeth our diseases:" what may this goddess be? Is she material or immaterial? mind? or matter? or both? The German pantheists believe that there is no God other than the universe, the whole of matter and mind. Pope's idea is, that

"All are but parts of one stupendous whole, Whose body Nature is, and God the soul."

One philosopher maintains that phenomenal Nature is a self-revelation of the Deity, while another announces that Nature conceals God!

Mr. Stallo, in his work on the Philosophy of Nature, (or one might call it the Philosophy of Germany,) gives the following exposition of Nature and her laws: "The teleological system, or the doctrine of cause finales, with its laws, for which, on account of their formal generality, it was impossible to give any empirical [experimental] warrant [are]: the lex parsimonia, that Nature attains her ends by the shortest possible route and by the fewest possible means; the lex continui, that Nature never proceeds per saltum, either in the succession or the coarrangement of her products; the lex subsumptionis, that Nature's variety reduces itself to a few principles."

The student of history, from its earliest records to the present day, will have found that there have been all sorts of gods and goddesses relied on or appealed to in the science and art of healing, as demons, astrologes, conjurers, witches, and in our day homœopathists, spiritual table-turning doctors, and many other sects.

The revival of non-medication (if a negation may be revived) and the rediscovery of Nature, and that she alone can heal the sick, without drugs—or, as others affirm, with the aid of alcohol, full diet, etc., are doctrines which have been avowed by not a few men of learning and moral excellence. Have these men received a revelation from Nature or any other goddess? This they neither can nor do avow. But they virtually claim to know the intentions and conduct of Nature better than the great mass of medical professors and practitioners of all nations and of all ages, not to mention the non-professional world, not one in a thousand of whom doubts the efficacy of medication. Now, all of these classes have derived their opinions from the same Nature and Art in disease which the skeptics themselves rely upon to prove the mischievous effects of the medication, however skillful. Now, this overwhelming majority who attest the efficacy of medica-

tion have at least an equal opportunity of knowing all the facts necessary to the formation of an enlightened opinion, and of drawing rational deductions from both personal observations and experience, and the experience of all ages, times, and places.

There never was a time in the history of legitimate medicine when either the physicians or the people generally supposed that medicinal agents, judiciously applied, were always injurious or wholly inefficacious in relieving from suffering or in removing disease and preventing untimely death. Now, the speculative opinions of the few cannot overthrow the speculative opinions of the many, in matters where all are equally qualified to judge, having equal opportunities to observe. Under these circumstances, in a matter purely experimental, the opinion of one man cannot outweigh the opinion and experience of a million, especially when fortified by all traditional and historical testimony. That emetics, cathartics, stimulants, opiates, etc., have been valuable remedial agents when given with ordinary judgment and skill, all history testifies.

We have no evidence but that of the skeptics themselves showing that they have peculiar and indisputable claims to interpret the purposes, plans, and powers of Nature, nor that they alone have a knowledge of what she can and will do.

That Nature, or, as some have it, God, is a doctor, has not any foundation in revelation.

The very first book of Sacred History, Genesis, recognizes doctors: "Joseph commanded his servants, the physicians, etc." Throughout the whole series of Sacred writings, no reference is made to a metaphysical abstraction or myth as being the only doctor, called Nature—the most ambiguous word known in human vocabularies; while, on the other hand, physicians and their vocation are often mentioned. Pious and rational doctors of modern times, who say "God healeth our diseases," intended to say that the means of cure, or the functions of the physician, were also implied or enjoined in the process, just as much as industrial means are implied in producing corn, clothing, printing, gunpowder, telegraphs, railroads, etc.

The learned Dr. Renouard, of Paris, in his recent work, the History of Medicine, (translated by Prof. Comegys,) makes the following quotation from the Ecclesiasticus, a book indubitably very ancient, and held to be canonical by the Catholic Church, and generally bound in the Protestant version of the Bible, between the Old and New Testa-

ments. I have added from the same chapter referred to by Dr. R. several additional passages:

"Honor a physician with the honor due to him, for the uses which you may have of him. For of the Most High cometh healing, and he shall receive honor of the king. The skill of the physician shall lift up his head; and in the fight of the great men he shall be in admiration. The Lord hath created medicines out of the earth; and he that is wise will not abhor them." (xxxviii, 1, 2, 3, 4.)

The following, from the same sacred record, is a true exposition of the manner in which the "Lord healeth:" "He hath given men skill, that he might be honored in his marvelous works. With such doth he heal men, and taketh away their pains. Then give place to the physician, for the Lord hath created him; let him not go from thee, for thou hast need of him. There is a time when in their hands there is good success." (v. 6, 7, 12, 13.)

In the eighth verse, the apothecary and his pharmaceutical preparations are alluded to: "Of such doth the apothecary make a confection," etc. Whether this confection was like any of the numerous formulæ of the American Dispensatory, as the confectio opii, c. scammonii, a sennæ, etc., does not appear in the record; but, at all events, Israel, when sick, was sometimes drugged, which is contrary to the growing science of non-medication.

Medicine, or rather therapy, is not an absolutely exact science, but one of reasonable cumulative probability. It does not rest on the dictum of any one, but is founded on experience and observation. It is more reasonable to suppose that the general experience and observation upon which therapy rests, are less likely to deceive than the opinion, contrariwise, of a single or a few individuals. The testimony of the former must preponderate, other things being equal.

Therapy in no case can claim as its foundation a necessary truth; indeed, experience cannot prove a necessary truth, but probability only. It is not a pure science, like mathematics, astronomy, etc. Its materials, though consisting of facts, are related to and blended with vitality, or life, or antecedents, the nature of which have hitherto transcended experimental research. Those who deny the laws of vitality because they cannot define its cause, might deny as well many things altogether true. The nature of life, of mind, and even of matter, remain unknown. Physiologists have been no more puzzled to define life, than physicists to define matter. Hegel says that "a thing is nothing more nor less than the complex of its relations to other

things. These relations are called its qualities; hence, the whole existence of a thing is qualitative; it is not primitive, mere quantitative being to which qualities are subsequently imparted." Now, on the contrary, "it is a fundamental proposition in the philosophy of Schelling, that all difference is quantitative." Some of the greatest philosophers, including Bishop Berkeley, maintain that the existence of matter has never been, nor can it be proven.

The efficacy of medication—active medication (for all medication is more or less active) -can in no way be invalidated by the improper and unnecessary administration of drugs, as to their kinds, doses, times, cases, etc. A man sinking from hæmorrhage should not be bled, nor one collapsed from cholera be purged; nor should another, who has already eaten too much, for that reason eat still more. All arguments against the use derived from the abuse of drugs are fallacious and irrelevant. The true question is this: Is the skillful use of quinine or any other drugless likely to arrest and remove a disease, an intermittent fever, for example, than non-medication or Nature; or, to use the language of common sense, can the malady be sooner or more certainly or completely cured by letting it run its course without any interference? The question, then, at issue, is not whether medication is required in all cases, as no enlightened practitioner will hesitate to admit that it Whether unskillful treatment is not more dangerous than the omission of all treatment—whether antiphlogistic or stimulant treatment should be preferred—are all foreign to the issue involved, which may be thus put: Cannot a physician who is thoroughly acquainted with the existing medical sciences, as well as with the observation and experience of the past-one who during his education has witnessed and studied the effects of therapeutic treatment, as now practiced at the bedside—cannot he apply remedial agents, so as in all probability to cure a greater per centage of the sick than would be in all human probability cured by abandoning them to the natural course and tendency of their diseases; such, for instance, as intermittent fever, pleurisy, pneumonia, cholera morbus, scurvy, diarrhœa, dysentery, itch, syphilis, gonorrhœa, etc.?

If it were possible for an educated physician to be wholly ignorant of the therapeutical history of past experience, when called to treat his first case, he might not be able, upon the recovery of his patient, to say whether the treatment, even in a case of actual cure, had or had not contributed to the recovery. The testimony of the past and a comparison with the present, together with daily experience in such

cases, will enable him to arrive at probability, if not absolute certainty, even in individual cases; and this probability is strengthened in proportion to the number of observations, and in many cases he may attain to a reasonable certainty, such as in most departments of science and business is deemed reliable for human belief and conduct.

In no isolated case, from Hippocrates to the present, can it be demonstrated beyond the possibility of a doubt, that a cure has ever been effected by any mode of medicinal treatment. Nor can it be demonstrated that the sun will rise to-morrow, and that some person will die during that day. Nevertheless, the evidence of analogy, or past experience and observation, give the utmost probability that both events will happen. That Cæsar, Napoleon I, or Washington lived, is less probable than that either of these anticipated events mentioned will fail. History has often been falsified, as experience has shown, but the rising of the sun has failed neither during our own experience nor that of our predecessors in all the historical period.

The efficacy of the medical treatment of disease is founded neither upon any certain knowledge of the nature of vitality, nor upon the mode of action by which a remedial agent removes pain and arrests the march of a malady. All that is known in the premises is empirical, that is, experimental. The same is true of the whole circle of the experimental sciences, with, however, this great difference, that throughout the whole realm of inorganic nature, there is a fixity or uniformity unknown to the vital or organic world. It may be, nay, it is probable, that uniformity reigns in the latter equally with the former; but unfortunately the antecedents, functions, and nature of the living economy are, in relation to our senses and modes of cognition, neither known nor fixed with the certainty which appertains to inorganic or non-vital matter.

Observation and experience, however extensive these may be, are not knowledge. The latter is the act of a sound, comprehensive understanding, together with rational deduction from facts. Therapeutical facts are peculiarly liable to misinterpretation. A gentleman, a few days since, took the trouble to relate to me the great success of a deceased doctor (of this city) in curing hydrophobia. "Now it has been ascertained," says Dr. Oesterlen, "by the exact observation of hundreds of dogs which had been inoculated with the poison, or bitten by others which were mad, that even under the circumstances most favorable for the production of the disease, that is, where no means, or so-called preservatives of any kind, had been employed, scarcely sixty

or seventy per cent. of the animals became rabid." Now, if these sixty or seventy cases in the hundred had been treated by any remedy, that remedy alone would obtain the credit of so great a success.

If the physician possessed any certain means of knowing that particular cases would eventuate in recovery without any advantages from treatment, a vast amount of medication would thereby be prevented. But neither the believers nor skeptics in physic can predict with absolute certainty such a result, in any case whatever. Prophets there are none. Probabilities there may be for or against the occurrence of one of the only two possible events in a given case.

The theoretical stand-points from which therapeutical methods are viewed, and the consequent contrarieties, real or apparent, in practice, afford skeptics with plausible if not logical arguments against medication. In illustration of this and some kindred positions, I beg leave to introduce a few paragraphs from Dr. Oesterlen's work on Medical Logic, (Sydenham edit., p. 238, et seq.)

"If we bring to the bedside of the same patient a disciple of Brown or of Broussais, an empiric of the old, or one of the modern stamp, an adherent of the so-called Vienna anatomical, or of the Giessen chemical school, a nerve-pathologist or a blood-pathologist, each will recognize a different state of things. The opinion which each forms of fever, for instance, and similar aggregates of symptoms, of their casual con. nection and dependence upon various local or general changes and conditions, and of these in their relations to each other, will be different from that of the others. Each of them, if he reflects upon it at all, will form a different notion of all that he has been able to observe; he will arrange and combine the various phenomena in the patient after his own manuer—i. e., in accordance with his own point of view: and, if the same remedy be administered in a given case, the assertions and opinions of each concerning its effects will equally differ. each has expected from it different services and modes of operation in accordance to his previously formed theory; he will, therefore, interpret what he has observed in the manner which best corresponds to his own views, and in the remedy employed will acknowledge only such effects as it has been his aim to produce.

"So long as Brown's system prevailed, many believed that digitalis produced an excitement of the heart and circulation. According to their view, the pulse was first accelerated and rendered fuller before it could become weaker and slower, and they asserted that the subsequent depression depended upon the previous excitement, (Saunders,

Hutchinson, and others.) If another, a disciple of Broussais, for instance, had observed exactly the same thing, his interpretation of it would have been entirely different, because he would not attach the same signification, or an equal importance to such excitement of the circulation, etc. In like manner, at the period when the simple, nonmercurial treatment of syphilis prevailed, patients were believed to be injured by mercury in a degree never observed before or since. A homeopathist of the old school, and a modern disciple of Rademacher, will equally claim for themselves, and for the influence and mode of operation of their remedies, credit for much which the impartial. and, perhaps, correctly reasoning physician, regards simply as dependent upon the natural course of the disease. The ordinary practitioner will scarcely hesitate to assert that he has obviated various diseases or abnormal conditions by means of some remedy or mode of treatment. He willingly regards the changes which take place in the state of his patients after the employment of them, as their effects. when those changes are favorable—i. e., as the results of his practice: while, if the changes are unfavorable, he attributes them to the natural course of the disease, or to various other influences and circum-He will further interpret the effects of his remedies in exact accordance with his own theories and views. Because, for instance, in persons submitted to the influence of anæsthetic agents, intelligence and consciousness, in the first place, then sensation, motion, and respiration, are successively suspended, ether and chloroform are said to act first upon the cerebrum, then upon the cerebellum; next upon the posterior, and, lastly, upon the anterior pyramids of the spinal cord and their nerves. And when their action is extended to the medulla oblongata, life is said to hang by a single thread. A Flourens, a Baudens, and others take this view of their mode of operation, because it happens to correspond with their theories of the functions of those portions of the nervous system.

"In relation to the accuracy and scientific value of our conclusions, there is scarcely any difference to be found between the ordinary practitioner, or even the homoeopath or disciple of Rademacher, and the modern physiological physician; for the endeavor of the latter towards a more scientific advance and judgment is still far from complete, and seldom to any great extent feasible. His interpretation of what he observes, though it may approach nearer to the actual state of things than theirs does, will not be less uncertain and arbitrary. Just so will the physicist interpret the same phenomena and processes in the

living body, and even in the inorganic world—a.g., in the air, water, or the soil, with their action upon each other, upon vegetation, man and animals—very differently from the chemist, and both again differently from the professed physiologist or ordinary practitioner.

"In all that has been already advanced, many may, doubtless, if they are so inclined, find sufficient grounds of discouragement, and feel justified in mistrusting even the first and most indispensable methods of comprehension in medical science. Yet, to perceive difficulties does not necessitate that we should allow them to overcome us; and in the case of observation, especially in such a science as medicine, it has already been shown that it is by no means such a simple and intelligible thing as might be at first believed, and that Fontenelle was quite right when he said 'l'art d'observer, que n'est que le fondement de la science, est lui-même une très-grande science.'

"If we compare, for instance, our present methods of observation and investigation in the whole field of vital phenomena, and even at the bedside, with those employed but a few decennia ago, we cannot fail to recognize a great improvement in them. Not only have we acquired, by the recognition of various anatomical relations and chemico-physical processes, better starting-points for our observations, but, by the employment of such aids, the general value of our observations is advanced far beyond that of earlier periods. In illustration of this it may be sufficient here to mention the more frequent and efficient employment of various auxiliary means, such as the thermometer, scales, etc."

The ethical question involved in medication or in non-medication is in numerous points of view of grave import. If opium, quinine, calomel, blistering, bleeding, etc., can either directly or indirectly remove disease, or even lessen pain, teachers, writers and practitioners who deny the efficacy and withhold the application of remedial agents might seem to plain people, not altogether guiltless of hypocrisy, the omission of duty, and the propagation of fatal errors. Is it not hypocrisy to assume the office of a physician, which both virtually and openly holds forth to the public a belief in the efficacy of remedial agents, while at the same time, the practitioner who receives compensation from patients for services wholly worthless, according to his own showing? does he not obtain money under false pretences? Would he, in any case, be employed, if he candidly told the patient that all medicine is not only useless, but injurious, and that Nature only, not the doctor, is competent either to relieve or cure the sick? Can an

honest man hold such opinions, and at the same time continue to practice his profession? Are not his principles and his conduct the antithesis of the true and the good? the concentration of the false and immoral? If sincere in his belief, should he renounce practice altogether? His opinion, in opposition to that of a vast majority of his contemporaries and predecessors, who have had an experience in therapy to which his own is as a drop to the ocean, may in all reason be disturbed; at least, until further discovery he can never be certain that science and art can do nothing to arrest disease and prolong life.

If he can do nothing himself, how can he be certain that others cannot do something to arrest disease? Can he fix the limits of the possible? Is he entitled to teach, write, or say anything more than that, for himself, he knows of no remedy which can in any case be useful for the sick, although others equally able to judge in the premises may know how to apply medicinal agents so as to cure, and, therefore, he cannot, from his own negative knowledge, infer that the positive knowledge of all others is to be rejected as useless, and, therefore, he cannot conscientiously propagate, by lectures, writings, or otherwise, a mere personal negative which might endanger the lives of millions, should medicinal agents, after all, be efficacious or curative.

Homeopathy, under the cloak of medication, when really carried into effect, is strictly non-medication. All its cures, if any, are effected by practicing directly the reverse of its theory, of its infinitesimal doses, dilutions, and attenuations. The expectant method of cure, a pleasant phrase or refinement in language, which means skepticism or non-medication-no more, no less, the practice of which (if the practice of nothing were a possibility at all conceivable) is but a deception as far as the public is concerned, and would not be considered otherwise if candidly avowed at the bedside. Can any sane man suppose that a planter of Louisiana would send at midnight, in a rain, storm, and thunder, over rivers and bayous, through canebrakes, morasses, and among crocodiles, for a physician to visit his family, or his negro, if the sender knew that the doctor would not in any case administer any medicine, but leave the case wholly to what is fancifully called Nature? If the doctor mean by Nature, God, and that God is the medical attendant, he must be competent, even though he may not have a sheep-skin diploma. Would it not be presumptuous in such presence to prescribe pills, syrups, and distilled waters, which the prescriber himself acknowledges to be wholly inert, and intended only to deceive?

# DR. HOLMES VS. THE MEDICAL PROPESSION.

The Anniversary Meeting of the Massachusetts Medical Society always produces a great stir among the fraternity of the Bay State, and many a hard-worked poor fellow whiles away his long and chilly ride with pleasant expectations of the good time coming.

Never was this anticipation more generally felt than on the approach of the last festival, held in Boston during the sweet sunny days of May. Nothing like it before. The councilors met, and the censors conferred together. The anniversary chairman announced his programme, and all the profession was alive with excitement. They should hear an address from that funny Dr. Oliver Wendell Holmes. What a treat! You'll laugh yourself to death! He is really afraid to be as funny as he can! And then such a jolly dinner in the cradle of liberty!

Now, it is a cardinal principle, in all born of Massachusetts, to think that Boston is the city, and Dr. Holmes the smartest little man therein. Said Doctor has told them so, and they all agree with him. Isn't it the hub of the solar system? and though good Americans generally, when they die, go to Paris, every true-blooded Yankee would be satisfied to spend his here and hereafter in Boston.

So, in they came from all directions, with their wives and rosy daughters, with their wonderful cases and tedious statistics, but all agog with the coming sport, until more than four hundred of the working men in medicine were collected in the hall of the Lowell Institute, to hear the last effusion of the Professor, Poet, and Wit, who rules over the morning meal, sparkles after dinner with toast and epigram, and takes his tea (without toast) at the Mutual Admiration Society, of which he is a prominent member.

It so happens, however, that the Professor, though clever, is a curious little man. He has a good opinion of himself. It's the only fixed principle he has got; for in all other things he glories in his free thinking. He must have a sensation, and has no idea of going over the road worn in many ruts by the slow coaches who preceded him. No, indeed; there must be some startling proposition to ruffle the surface of this complacent audience, and nobody can get up the steam quicker than our orator. If you want a new poem, he will give it to you in a minute, (sometimes a right good one.) Would you like a new religion? You can soon be made a member of "The great American Church." Jerusalem and Rome are trampled into dust in the triumphant march of the "three-hilled city." Here are the geologi-

cal "tables of stone," to be read by the wiseacres of Cambridge, for Moses and his law hardly suit the times. What though Paul the Apostle lies buried with the fathers, don't Parker and the Professor reign in his stead?

Well, to make a long story short, the Professor's imagination happened to take the wrong turn, and our poor friends who had been so long saving their little earnings for this eventful occasion, were the sufferers; for, to their unutterable astonishment, the leading man in their medical school—their selected orator—had turned king's evidence, and was prepared to show to them and the world the pernicious consequences of their art. They calkilated upon a soothing, agreeable cataplasm, applied with the gentlest hand, but found themselves cantharadized and croton-oiled at a fearful rate.

"Hasn't a man the right to think what he pleases and say what he thinks" in this glorious land of free love, free religion, and free thinking? "Isn't this the very aim and end of our institutions?" Dr. Holmes has taught you, gentlemen, what you know of physic. He has spent your money and signed your sheep-skin. Who has a better right than he to speak his mind freely?

You need not pass a resolution, "that this Society disclaims all responsibility for the sentiments contained in this address." The Autocrat is still in demand; the seventeenth edition of the poems is in press, and everybody buys the Professor at the Breakfast-Table, although the M.D. to the author's name is carefully withdrawn from the title-page. Sit still, my friends, and don't make an unnecessary to-do. If he "should strain the truth for the sake of an epigram or an antithesis," can't a man lie a little, rather than spoil a joke?

"My friends and brothers in art," you seem to be satisfied that you are practicing a useful calling, which cures some, palliates much, prevents a good deal, and comforts all who require its aid. We told you so when at college, but now it is well to open your eyes to the truth. You are just helping those poor devils along a little faster by stuffing down their throats a number of noxious drugs. "If the whole materia medica, as now used, could be thrown into the bottom of the sea, it would be all the better for mankind and all the worse for the fishes."

We can make an exception of opium, "which the Creator seems to prescribe, as we often see the scarlet poppy growing in the corn-fields;" but all the other receipts of Omniscience must be condemned. The purple fox-glove, the many-tinted veratrum, the lilac stramonium, they are all "noxious;" but a little opium—it helps the imagination.

Wine must be preserved. [You don't catch as knowing a fellow emptying his demijohns into Charles River.] "Wine is food," and "when a circle of clever fellows meet together to dine and have a good time of it," wine is "the great equalizer and fraternizer, which works up the radiators to their maximum radiation, and the absorbents to their maximum receptivity."

Don't throw away "the specifics." [You need not look self-satisfied, my good man, you didn't discover one of them. The Jesuits and the quacks and other people told us all about them, and we know how they should be used without your advice.] But with wine comes the gout, and besides, I might get the chills and fever whilst peddling my tin cups about the country, (cheap article at fifty dollars apiece, and with more sawder in them than I intend you shall have to-day.)

Chloroform is worth keeping, or, in more elegant phrase, "the miracle of anæsthesia"—as much a miracle as many that old fogies, strapped down by threadbare doctrines and antiquated creeds, think so much of. Away with all the rest.

[There is no mistake, but the Professor did give his friends and brothers in art a handsome drubbing.] Don't you know "that every noxious agent, including medicines, which would hurt a well man, will hurt a sick one?" They did not know it; one pig-headed old grumbler, with a wide-brimmed white hat and a hickory cane, had thought that disease and health are opposites, and what's a well man's poison might be a sick one's meat. Pshaw, says the Professor of Anatomy in Harvard, the best system of practice that I know, is the one "nature taught to the first mother, when she saw her first-born child putting some ugly pebble or lurid berry into its mouth; I know not in what language it was spoken, but I know that in English it would sound thus: Spit it out."

[At this last shot, old Broadbrim gave an awful growl, and I know not in what language it was spoken, but I think that in English it would have sounded thus: Pur HIM OUT.]

Mixing mirth and sentiment with "practical hints," the orator treated his audience to a few clinical remarks, worthy of Graves and Bennet, which ought to be preserved without mutilation:

"One practical hint may not be out of place here. It seems to be sometimes forgotten by those who must know the fact, that the tongue is very different, anatomically and physiologically, from the stomach. Its condition does not, in the least, imply that of the stomach, which is a very different structure, covered with a different kind of epithelium.

and furnished with entirely different secretions. A silversmith will, for a dollar, make a small hos, of solid silver, which will last for centuries, and will give a patient more comfort, used for the removal of the accumulated epithelium and fungous growths which constitute the 'fur,' than many a prescription with a split-footed R before it, addressed to the parts out of reach."

[There were many quiet, but attentive auditors of this pronunciamento of the funny doctor, who were fresh from the fight with gastritis, dyspepsia and typhoid fever. They would not appreciate the Professor's anatomy, physiology, or bedside knowledge.]

No, sir. Scrape their tougues. Massasoit had typhoid fever, and Governor Winslow scraped his tongue. The result was, that the grateful Indian, overwhelmed with the success of the practice, revealed a dark and murderous plot, and so preserved you all to this day. Yes, sir, it "may save the Union, some of these times, if a Presidential candidate should be taken sick and his tongue wanted cleaning."

[Suppose you get in practice on those foul-mouthed fanatics and blasphemers of God and the Bible, who enjoy "the large license of speech in the thinking centre of this continent, the brain of the new world."]

Here is another spicy paragraph, which will amuse our readears "down in the provinces." They will be surprised if the graduates of Harvard, with the Professor to teach them clinical medicine, should be guilty of such blunders. Give it to them well; hilarious Blue-beard, tickle 'em to death:

"Again, see how the 'bilious' theory works in every-day life here and now, illustrated by a case from actual life. A youthful practitioner, whose last molars have not been a great while cut, meets an experienced and noted physician in consultation. This is the case: A slender, lymphatic young woman is suckling two lusty twins, the intervals of suction being occupied on her part with palpitations, headaches, giddiness, throbbing in the head, and various nervous symptoms, her cheeks meantime getting bloodless, and her strength running away in company with her milk. The old experienced physician, seeing the yellowish waxy look which is common in anæmic patients, considers it a 'bilious' case, and is for giving a rousing emetic. Of course, he has to be wheedled out of this; a recipe is written for beef-steaks and porter, the twins are ignominiously expelled from the anæmic bosom, and forced to take prematurely to the bottle, and this prolific mother is saved for future usefulness in the line of maternity."

Suppose, however, that all these noxious agents were good for the diseases for which they are recommended, still I would say: Throw physic to the dogs. What, do you want to cure that wretch "with tabes mesenterica, hydrocephalus, and other similar maladies—the race would be ruined, if art could ever learn to preserve the individuals subject to them?"

[Leave them in the wilderness, says the savage, or the lonely cave. LET THEM DIE, responds the sentimentalist, poet, sage and physician, who greases the axle round which rolls the hub of the solar system.]

Going about the country, continues the excited humanitarian, trying to cure poor women of their pains and aches. "They ought to have headaches, and backaches, and stomach-aches; they are not well if they do not have them."

[A trembling culprit shrinking under the lash—for he had been up all night with a sweet woman, mother of children, gentle of heart, who had one of the forbidden pains—exclaimed: Most learned orator, did you ever try to ease the pangs of sickness, to smooth the couch of suffering?

Bless me, was the ready reply, wasn't I once the physician to the Broad Street District of the Boston Dispensary? "and if anybody got well under my care, it must have been in virtue of the rough-and-tumble constitution which emerges from the struggle for life in the street-gutters, rather than by the aid of my prescriptions."

'Tis a pity that we have no room for more extracts from the Annual Address, and must imagine how the four hundred enjoyed their dinner after this traitorous onslaught from one who, honored and trusted, sat in the highest seat of the temple of medicine and tried to deface its fair proportions. But, if the friends and brothers couldn't laugh, all the homeo-quacks, herb-doctors, and eclectics enjoyed the joke hugely; the penny-a-liners quote the professor in every newspaper, and advertisements introduce their vegetable remedies under the patronage of his high authority.

[Would some of our friends please send us a copy of the Professor's letter resigning his chair in the Medical School of Harvard? It should be placed upon record as a noble sacrifice of self on the altar of principle. He can never sign his name to the diploma of another "Vir, ingenio bono, ac scientia utili præditus, moribus que probis ornatus, post tempus usitatem medicinæ studio et praxi impensum." No—no; rather, at the behests of a higher law, see him and his gallant followers, as they riddle the accursed dens of Metcalfe or Chapman, and in

glorious emulation of ancestral deeds, sending gallipots and pill-boxes to the bottom of Boston Harbor.]—Maryland and Virginia Medical Journal.

# Bellevue Hospital—Death following Inhalation of Chloroform.

[Reported by ALEXANDER RIVES, JR., M. D., Acting Senior Assistant.]

On the morning of Aug. 1st, 1860, at or about 10.45 A. M., I was requested by Dr. Mason, acting house-surgeon of the first surgical division, to administer chloroform to Michael Lanahan, preparatory to the operation of circumcision. Patient was forty years of age, and complained of nothing but a chancre under the prepuce. I accordingly proceeded to administer the chloroform on a napkin, pouring out small quantities at a time, and allowing a space of from one-half to one inch to intervene between the patient's mouth and the napkin, so that there might be a free admixture of atmospheric air with the anesthetic agent. I observed, at first, nothing unusual in the behavior of the patient; his respiration was natural, his pulse was good, and he soon exhibited the usual symptoms of muscular action which precede anæsthesia. The whole amount of chloroform thus far employed could not have exceeded an ounce and a half, and a large portion of this must have been lost by evaporation. After I had administered the chloroform four or five minutes I was startled by a sudden stertorous expiration, and immediately removed the napkin entirely. This was the first intimation that I had of the patient's being so nearly fully anæsthetized. For nearly a minute the patient continued to make stertorous expirations, followed by regular inspirations, and I regarded these phenomena as nothing more than signs of the full anæsthetic influence; in a moment, however, after a long stertorous expiration, he did not inspire. We immediately alternately compressed the thorax and allowed it to dilate by the resiliency of its walls, and in this way the patient continued to respire for a short time—occasionally missing one or two inspirations, and afterwards taking a long one; occasionally, also, he would take a deep inspiration unassisted by artificial respiration, though his pulse could not at this time be felt at the wrist. We now gave him brandy and a solution of carbonate of ammonia, both by the mouth and by injection. 'But finally, after a stertorous expiration, he ceased to breathe altogether. Dr. Mason auscultated his heart, but no sounds could be heard. We rolled him on his side and then back again, after the plan of Marshall Hall, and also

employed the galvanic battery to the chest and the nape of the neck, occasionally putting the two poles over the origin and insertion of the thoracic muscles. A tube was passed into the trachea by Dr. Peugnet and the lungs inflated with the bellows; meantime the extremities were rubbed by assistants, and artificial respiration was continued. A tenaculum was inserted into the tongue, by which means it was drawn forward and held in this position, so that the air might have free access to the lungs. At the expiration of an hour and ten minutes the extremities had become quite cold, the pupils were widely dilated, the eyes fixed, the pulse for more than an hour had not been felt at the wrist, nor had the heart-sounds been heard; and though the air could be heard rushing in and out of the throat, it was evident that this was only mechanical. With the concurrence of one of the visiting physicians, who was present, all efforts to revive him were discontinued.

Post-mortem examination twenty-eight hours after death-Present Drs. J. R. Wood, Van Buren, Gouley, Meier, Green, and others. Weather warm; rigor mortis moderate; better marked in the lower than in the upper extremities; body well nourished; post-mortem congestion upon the posterior part of the trunk, and upon the head and side of the face; chancre on the glans penis; prepuce cedematous; abdomen tympanitic; dark blood escaping from the nose and some frothy mucus from the mouth. Head .- The calvarium being removed, the dura mater was found normal; subarachnoid effusion enough to fill the sulci of the brain; on both hemispheres small patches of old lymph; superficial cerebral vessels congested; small amount of bloody serum in the lateral ventricles; brain otherwise healthy. Thorax.—Lungs collapsed; each pleural cavity contained about eight ounces of serum, stained with blood; about two ounces of serum in the pericardium; otherwise both the pleura and pericardium were healthy; heart soft and flabby. and upon microscopical examination found to have undergone fatty degeneration; weight ten ounces; muscular tissue of right side appeared of the natural color; auricle and ventricle were opened, but contained no clot; valves healthy; the muscular tissue of the left side also appeared of the natural color; the auricle and ventricle of this side were also opened, but contained no blood-clot. The valves healthy, and of a bright color; one or two patches of atheroma upon the mitral valves. Both lungs were found congested throughout, particularly the posterior portion; in the right lung there were some apoplectic clots in the upper and lower lobes; left lung also contained an apoplectic clot as large as a filbert in the lower lobe; both lungs were ædematous and

less crepitant than usual. Abdomen.—Small amount of bloody serum in the cavity; kidneys large, and weighed about eight ounces each, and both healthy apparently; capsules more adherent than usual; both kidneys were somewhat congested. Spleen as large again as usual, but natural as regards consistency. Liver healthy; weight about five pounds, and somewhat congested. Stomach presented a patch of congestion near the cardiac extremity, close to the esophageal opening. There was also another patch of congestion near the pyloric orifice. Intestines were inflated with gas; otherwise healthy. Bladder firmly contracted.

## THE SALE OF POISONS.

We last week noticed the action of the Academy of Medicine with reference to the enforcement of the new law of this State, passed by the last Legislature, regulating the sale of poisons. As this act has never been published in our columns, and as its provisions apply equally to the other cities, as well as large towns of the State, we insert it at length, in order to give it as wide a publicity as possible. It is as follows:

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

- SEC. 1. No person shall sell or give any poison or poisonous substance, without recording in a book, to be kept for that purpose, the name of the person receiving said poison, and his or her residence, together with the name and residence of some person as witness to such sale, excepting upon the written order or prescription of some regularly authorized practicing physician, whose name must be attached to such order. Such book shall be kept open for inspection.
- SEC. 2. No person shall sell, give, or dispose of, any poison or poisonous substance, except upon the order or prescription of a regularly authorized practicing physician, without attaching to the vial, box, or parcel, containing such poisonous substance, a label with the name and residence of such person; and the word "poison," printed upon it with red ink, together with the name of such poison written or printed thereon in plain and legible characters.
- SEC. 3. These provisions shall apply to the following poisonous substances, excepting when sold in wholesale quantities of one pound and over, viz.: arsenic and its various preparations; oxalic acid; corrosive sublimate; chloroform; sugar of lead; tartar-emetic; opium and its

preparations; oil of bitter almonds; cyanurets of potassium, mercury, silver, and zinc; deadly nightshade; henbane; poison hemlock; prussic acid; aconite and its various preparations; atropa and its salts; cantharides; croton oil; datura and its salts; digitalis and its preparations; nux vomica and its preparations; elaterium; ergot and its preparations; veratria and its salts; cannabis indica and its preparations.

SEC. 4. Any person infringing any of the provisions of this act, shall, upon conviction, be deemed guilty of a misdemeanor, and shall be punished by a fine not exceeding fifty dollars.

SEC. 5. This act shall only apply to incorporated cities, and villages having a population of one thousand inhabitants.—Am. Med. Times.

# EDITOR'S TABLE.

### THE NEW YORK MEDICAL COLLEGE

In opening their eleventh session, have added to their means of practical teaching, by devoting one-third of their college building to the foundation of a "Charity Hospital," which has been fitted up for the purpose with all needful facilities, and takes its place henceforth among our public charities, under the favor of the Board of Trustees, the Alumni, and other friends of the school.

By this novel addition to their means of practical instruction, the students of this college will have the opportunity of witnessing bed-side practice daily in the wards of this Hospital, by following their teachers immediately from the lecture-rooms into the presence of the patients, and thus actual demonstration will accompany the didactic lectures.

This extraordinary advantage will thus be superadded to the daily cliniques held by the professors also in the college building, while the students will have access, besides, to all the other clinical advantages which our metropolitan city affords.

The Professorship of Physiology has been filled by the appointment of R. K. Browne, M.D., of New York. The Trustees have been fortunate in securing for this important chair a gentleman familiar with microscopical manipulations, and enthusiastically devoted to vivisections; so that the science will be taught demonstratively, with all the recent improvements.

The chairs of Materia Medica and Clinical Medicine will be filled in time for the opening of the regular session.

We have been authorized to say that the prospects of a class are

encouraging in a high degree, the matriculations already exceeding those of any former year, at so early a date.

The practical character of the teaching is the leading characteristic of this college. The Professors of Chemistry and Toxicology having been long associated together in teaching demonstratively, the students will be practiced in rotation in experimental analysis in the laboratory, which contains apparatus unsurpassed in the country for variety and extent.

In every other department it is designed to aim at practical and demonstrative teaching, and to this end every available aid will be enlisted, without regard to labor or expense. Especially is it intended to secure Practical Pharmacy, in connection with the chair of Materia Medica, to an extent hitherto unattainable, for which purpose the pharmaceutical department of the hospital affords ample facilities.

# PRELIMINARY COURSE AT THE NEW YORK MEDICAL COLLEGE, AND CHARITY HOSPITAL.

This course of daily lectures and cliniques opened on the 17th of September, agreeably to announcement, and though at so short notice, promises well for the school. Prof. Carnochan's introductory was very largely attended, and several of the New York dignitaries of the profession, and some from abroad, were present. His subject was Amputations, illustrating the circular and flap operations upon the cadaver before him, and performing two surgical operations on patients of the clinique, who were in attendance. The other professors have continued to lecture alternately, in the order published, twice in each day, besides the daily cliniques. The hospital has been fully prepared, and is already in use, so that by the time for the regular course to begin, the beds will doubtless be occupied by patients in sufficient numbers to be of essential service to the students. ond story of the building, including the large middle lecture-room, is thus employed. Practical Anatomy is commenced in the dissectingrooms, and chemical as well as toxicological operations are going on in the laboratory. Prof. Jacobi is busy in lecturing and clinical teaching in the department of Children's Diseases, and Prof. Browne is preparing for his physiological demonstrations. All the members of the Faculty are active in preparation for practical teaching, and by their united contributions, the Museum is greatly enriched. ity Hospital is attracting throngs of visitors, and awakening much public attention.

## OTHER COLLEGES IN NEW YORK.

The two other medical schools of the city are preparing for their winter session. That of the University have entered upon their preliminary course, and, we learn, with very encouraging prospects. President Draper has returned from Europe with much colat, and the veteran ex-President, Dr. Mott, is on hand, as ever ready for his work, having improved his health by rustication during the summer. While the old College of Physicians and Surgeons, with the venerable Dr. Delafield at their head, and under the patronage of Columbia College, are active in arranging for the coming session. So that in medical matters, we are to have a busy season this fall and winter. Competition is the life of business, and we wish success to legitimate medical education in all the schools of our city, and hope for greater prosperity. Let New York bestir herself, and take the rank to which she is entitled.

# TRIUMPH OF CONSERVATIVE SURGERY.

Dr. Nichols reports in the N. O. Med. and Surg. Journal a cure of Inguinal Aneurism, by digital compression, which occurred in the service of Dr. Warren Stone, who has thus rescued the patient from the dangerous operation of tying the iliac artery, which itself is so often fatal. The pulsation ceased after making pressure continuously for thirty hours, and within forty hours the cure was announced as successful; and after fifty-four hours, watching the case longer was judged unnecessary. The time since elapsed, and the proof given by the patient enduring laborious exertion at a cotton-press for weeks, demonstrate that complete success has been attained.

The actual service of twenty-four physicians and students was necessary to keep up the compression, by alternating with each other, in thrusting the thumb directly against the neck of the aneurismal sac, so that all pulsation in the tumor ceased. The only auxiliary needed to make the compression tolerable by the patient, was to benumb the sensibility by occasional doses of morphine.

We trust that the happy result in this case will encourage similar efforts to avert operations of this class, and we congratulate all concerned.

#### LONG ISLAND COLLEGE HOSPITAL

The Cincinnati Lancet and Observer has published a slanderous assault upon this school, for which, if its editors are the men we take them to be, they will make haste to apologize, and this for their own

sake. With what motive or purpose they appeal to us personally, in connection with this editorial calumny, we know not; but as they have gratuitously done so, though we have no connection or responsibility with the school they wantonly assail, we pronounce the statement libelous and false. We do so after full investigation, though our knowledge of the honorable men composing the Council and Faculty of the Long Island College Hospital prompted us to anticipate the false-hood of the allegation.

Were Drs. Stevens and Murphy moved to this outrage upon their peers by the fact that one of the graduates of the school has already attained a Professorship in the new Faculty of the Ohio Medical College? Is that any justification or palliation of their scandalous attack upon such men as Professors Flint, Hamilton, Doremus, and their colleagues? It may be the morale of Cincinnati, but "for one we protest against it."

# ANOTHER MEDICAL WAR AT CINCINNATI

Our brethren of the Queen City of the West seem to be pugnacious to an extent unparalleled in any other city of the world. nounced in our last number the reorganization of the Ohio Medical College with a new faculty, and offered our best wishes for their harmony and success. But we have been startled by the twin journals of Cincinnati and Cleveland, both of which contain an editorial philippic against certain members of the new faculty, and an expose of the recent explosion in the old one, abounding in personalities, which it had been creditable to both parties if they had been withheld. No possible good to anybody can be effected by such "pitching in" to the old quarrels of former colleagues, but much evil on both sides is Why not "bury the hatchet," now that the deed is done? We counsel all parties to "sponge out and begin again," for this they must do, if we are ever to see either college or journal in Cincinnati worthy of the profession and the city. It cannot be that either party in the strife can consent to have the Queen City given over wholly to quackery, and abandon the field to eclectics, whose efforts at teaching remind us of the magicians in the time of Pharaoh, imitating the miracles of Moses.

If the new faculty, of whom we do not know enough to speak as a body, will go through their session without quarreling with each other, in the atmosphere of Cincinnati, they will merit high honor. In the name of Drake and Harrison, and Mussey, we command the

peace, and hope that our conferes Stevens and Murphy, "if they cannot be peaceable, will be as peaceable as they can." We value them both too highly to see them provoking "pistols and coffee," when their duels should be fought with lancet and pills. We are sure that their co-editor, our old friend Weber, will concur with his name-sake the *Medical Gazette*, since, like ourselves, he is only a "looker on in Verona."

# DEATH IN OUR RANKS.

Among the recently deceased members of our profession we are pained to chronicle the following, viz.:

Dr. Charles W. West, of Georgia, late Professor of Chemistry in Augusta and Savannah, aged 45.

Dr. Robert C. Williams, of Dublin. He was Professor of Materia Medica in the Royal College of Surgeons in Ireland, and had been its President and one of the Surgeons of the Dublin Hospital. He was eminent as a practitioner, writer and teacher. His age was 52.

Professor John Lizars, of the Royal College of Surgeons in Edinburgh, &c., one of the ablest writers and teachers of that celebrated school, and distinguished especially by his surgical achievements.

Dr. Samuel Denton, Practical Professor in the University of Michigan from its organization, a worthy and able man, whose loss to the school is much lamented. His age, 58.

Dr. Addison, of London, whose name is identified with the disease which he called melasma supra renale, since called Morbus Addisonii, and in which he maintained the connection between a discolored skin and the supra-renal capsules. He was eminent as a writer and teacher. His age was 70, and he committed suicide in a fit of insane melancholy. His loss to the profession is greatly deplored.

#### CORRECTION.

The article on "Caffein as an Antidote to Opium" was inserted in the GAZETTE because of its intrinsic merits. But, much to our regret, the name of its author was not given, an omission as unaccountable as it is unpardonable. Though late, we now acquaint our readers that Prof. Henry F. Campbell, of the Augusta College, Georgia, should have been duly credited with its authorship.

Our last number referred to the official report of the fatal case by chloroform at Bellevue, which was in type, but crowded out. It is now inserted from the Times, having been commented on in September.

#### DISSECTING WOUNDS.

At the meeting of the New York Medico-Chirurgical College on the 13th inst., Professor Carnochan being unanimously requested to give some account of his recent sickness, stated that the malady from which he had been suffering during the past six or seven weeks, arose from the examination of the cadaver of a dropsical patient, who had also suffered from ovarian troubles, the liver and some other organs being The autopsy was made in some haste, and no opporalso diseased. tunity was afforded for obtaining lard or oil for the protection of the hands. The contents of the abdominal cavity were still warm, though life had been some hours extinct. Having laid open the abdomen, and absorbed the accumulated liquid by sponges, the hands of the operator were passed into the cavity, and the diseased organs were sought out. The wound being sewn up, he washed his hands, and and examined. as he had not punctured them during the necropsy, nor could perceive any abrasion of the skin, he was not alarmed, when, in the evening of the same day, he felt the ends of his fingers somewhat painful. morning the forefinger was swollen, as if affected with felon. Still he would not believe that any trouble was to be apprehended, and no remedial measures were adopted. The inflammation, however, spread, and the pain increased. The following day the malady seemed to be gaining ground, and in the evening the swelling extended to the wrist. He naturally became alarmed, and soaked his hand in ley, but it was too late; the virus had been absorbed, and the symptoms continued to increase in intensity. The lymphatics became much enlarged, and the limb generally swollen. Irritative fever supervened, and suppuration commenced about the hand, accompanied with considerable hardness in the affected parts. He called in some of his medical friends, and after consultation, openings were made on the forefinger, the back of the hand, and higher up on the arm. The evacuation of the pus did not diminish the pain, but, on the contrary, seemed sometimes rather to aggravate it. After one of the incisions he became perfectly prostrated with agony, the digital nerve being probably in part divided. As the disease progressed he became typhoid, probably from the absorption of the virus, and was treated with brandy, quinine, and stimulants. Symptoms of pyæmia also appeared. The brain was stunned, and he remembers scarcely anything for two weeks. grees the malady spent its force, and the pain began to subside; but the amelioration was slow, and very different from that of an ordinary traumatic lesion. The constitutional symptoms, also, slowly abated.

Of the special points of interest in the case, one was the zymotic influence of the virus. It seemed to have a power of generating new morbific corpuscles, and propagated itself in all directions with considerable rapidity. Thus the inflammation speedily invaded the whole of the hand, stiffening the fingers, so that fears were entertained that the use of that member might be entirely lost. Thence it spread upward through the limb, but happily it was arrested before invading with any very considerable virulence the axilla, which was the principal seat of suppuration in the recent lamentable case of Dr. De Sa, a young Brazilian physician, who recently died at Paris from a dissecting wound in the thumb.

After one of the incisions. Dr. Carnochan felt spasmodic twitchings in various parts of the body; and the muscles, especially of the calf of the leg, contracted violently, causing much pain. The temporal muscles were also affected, and there was a consequent stiffness about the jaws, and a hardness about the zygomatic arch. These symptoms, which seemed initiatory of tetanus, happily soon passed away. In the case of Dr. De Sa no such spasms occurred, though he, as well as Prof. Carnochan, was so tormented with pain that sleep was impossible, except when procured by morphia or other narcotics. The pain resembled that of neuralgia, and was probably due, in part, to pressure made on the nerves, through the hardening and contraction of the exuded products of inflammation poured around them. Hence, in proportion as the nerves became accustomed to these new conditions, their abnormal sensibility was diminished, and the pain gradually became less intolerable.

It is remarkable to how great a degree the state of health of the recipient controls the effects of dissecting wounds. In both the cases we have mentioned, and in nearly all others that have come to our knowledge, the infected constitution was suffering at the time from irritability or diminished health. Usually, also, the virus has been received from a recent subject.

# PROPESSOR L. M. LAWSON,

Late of Cincinnati, has accepted the chair of Clinical Medicine in the University of Louisiana, to which he had been invited by the Faculty. The qualifications of Dr. Lawson in this department are unsurpassed, and we congratulate the Faculty on the acquisition; and could heartily wish that the colleges in other cities were all supplied with clinical teachers of equal ability with those in the two schools of New Orleans.

# National Medical College, (Department of Columbian College,) Washington, D. C.

We have received the annual circular of this institution for 1860-61, and observe that considerable changes have lately been made in the Faculty, which is now a strong one, and is constituted as follows:

Thomas Miller, M.D., Emeritus Professor of Anatomy and Physiology, and President of the Faculty; James J. Waring, M.D., Professor of Obstetrics and Diseases of Women and Children; John G. F. Holston, M.D., Professor of the Theory of Surgery; John C. Riley, M.D., Professor of Materia Medica, Therapeutics and Hygiene; Nathan Smith Lincoln, M.D., Professor of Anatomy and Physiology; Robert King Stone, M.D., Professor of the Practice of Surgery and Clinical Surgery; A. Y. P. Garnett, M.D., Professor of Clinical Medicine; George M. Dove, M.D., Professor of the Theory and Practice of Medicine; George B. Schaffer, Professor of Chemistry; William E. Waters, M.D., Demonstrator of Anatomy; Frederick Schafhirt, Naturalist, Janitor, and Curator of Museum; Jno. C. Riley, M.D., Dean.

The next session (the 39th) will begin on Monday, Oct. 15th, and end on the 1st of March next.

The number of students the past session was eighty-three.

#### OHIO MEDICAL JOURNAL.

An editor who persists in adding insult to injury, excludes himself from all courtesy. The only "frustration" we have met with is in the failure of our effort to make him honest and truthful. He compels us, however, to make a free translation of the bad Latin of which he complains, and we do this for his benefit, viz.: "A liar is not to be believed, though he should speak the truth."

#### SURGICAL INSTRUMENTS.

Wade & Ford, of 86 Fulton Street, as may be seen by their advertisement, are largely engaged in the importation and manufacture of everything in their line, and furnish priced catalogues whenever ordered.

H. Hernstein, 393 Broadway, is also largely engaged in the manufacture of all kinds of surgical, dental, and other instruments, at his steam factory in Mercer Street. See advertisement.

George Tiemann & Co., having been so long before the profession, content themselves with announcing their card.

We can recommend these houses, having dealt with all, and never found either of them in fault, to supply all our wants in their line.

Dr. Queru, 135 Fourth Avenue, has made his mark by the preparation of Cod-liver-oil Jelly and Jellified Castor-oil, which are in great demand, and have the preference everywhere. His Norwegian Cod-liver Oil, in our hands, has proved itself of extraordinary efficacy in eruptive diseases.

## AMERICAN PHARMACEUTICAL ASSOCIATION.

Discussion on the Vending of Poisons by Druggists, Sept. 14.

The discussion was elicited by the following resolution, introduced by Dr. Squibb, of Brooklyn:

Whereas, the subject of legal restraint for controlling the sale of poisons is at present much agitated in some States of the Union, and appears to be attracting unusual attention; and whereas this Association has always regarded this important subject as one of the reformations most desirable between pharmaceutists and the public; and whereas several bills have been enacted and proposed for the purpose of effecting the desired object, neither of which entirely meets the approval of this body: therefore

Resolved, That the judgment of this Association be now had upon the subject, and that thereon a committee of three be appointed to mature a plan by which the object may appear to be best attainable, that committee to report at the next session of the Association.

Dr. GUTHRIE said that all the laws in this country relating to the sale of poisons began at the wrong end. They make it obligatory on the vendor of poisons to furnish these poisons on the recommendation of a regular physician; but they do not point out who is the regular physician. The druggists cannot recognize who is regular-whether Tom Jones, who writes his name at the foot of a prescription, is regular or irregular; in fact, there is no such thing as regularity recognized even by the profession itself. We doctors may know who is regular, but this is a knowledge which cannot be communicated, and it would be of no avail and no consequence if it could. Any man who can write a bobtailed R at the top of a prescription, and a scrawl at the bottom that he calls his name, is regular. The first thing for us to determine is, who are physicians, and who apothecaries; and for this some guarantee of competence must be required. We regulate who shall sell gunpowder; so, also, some men are licensed to sell whiskey: and thus, also, should it be with physic, so that we could fix the responsibilities somewhere. A man opens a general store, and puts on his shelf half a dozen bottles of hair restorative and some rat poison—he sells the poison to the first customer who wants it; it has its legitimate

effect, and the public immediately cry out that an infernal apothecary has killed somebody! The law also gives us no standing, and then holds us responsible for the doings of every fool; and as to legal restraint of the evil itself, there is no law in any State but what is a In country stores cream-tartar and arsenic are on the dead letter. We must meet this matter boldly. No one, unless legally same shelf. authorized, should be allowed to sell drugs; thus might the character of the business be elevated, and a distinction made between the dispensing apothecary and the man who merely sells patent medicines, paints, oils, and dye-stuffs. Only such persons should be allowed to dispense poisonous drugs as hold a diploma from some college of pharmacy; or, if this is not obtainable, he should have the certificate of two respectable physicians as to his character and ability; for it is only by some sign-manual that we can recognize him. In this way, also, the druggist might be held responsible as such for what he does.

Mr. Coddington doubted whether any restriction that might be placed on the sale of poisons would much diminish it. If a man wanted to commit suicide, and could not obtain poison, why there was a choice of means; and if he wanted it for criminal purposes, the law could easily be circumvented. If he could not buy an ounce of arsenic, he could buy a pound, and use what was necessary. And then, perhaps, the cook would use the remainder for saleratus!

Dr. Squibb.—The object of laws on this subject is to prevent the criminal use of poisons—for suicide (which cannot be controlled) and for murder. But what are poisonous drugs? and how shall we control their sale? The public must be protected in the use of drugs and medicines, as well as criminals prevented from using them as poi-The lists of poisons embrace altogether too many articles. Opium and its preparations, for instance, though often used by suicides, are seldom employed for murderous purposes; and to place a restriction on all these preparations would be absurd. The cyanides also are not commonly resorted to; they may be used by mistake; but that, of course, cannot be controlled. Cyanides of mercury, silver, zinc, or potassium, are seldom, if ever, used, and the cyanide of potassium is an extensive article of commerce. Cannibus indica. also, and its preparations, are never used as poisons; so with cantharides, digitalis, henbane, nux vomica, and many others. is true, is used for criminal purposes, but the criminality is usually on the part of the physician, not the public. These things, which have been listed as poisons, encumber the law, and render it a dead letter. Then, again, the laws of the United States uphold free trade in doctoring and in pharmacy, as well as other things; but now the law-givers say we must control the consequences of this free trade. They hold us tight with one hand, and let us loose with the other. The controlling influence ought rather to consist in providing a proper class of persons, and then protecting them in their rights, and holding them responsible for wrongs.

Dr. Percy, of Boston, said that he it was who drew up the original form of the present law regulating the sale of poisons, but it met with such opposition from retailers that it had to be much altered. It had originally a section licensing the vendor of poisons, but this could not pass. The law now requires that the vendors must sell only at the order of a physician, and that they keep in a book the name of the purchaser; and that there be a third party as witness of the sale. This would not prevent suicide—it is useless to attempt that; but the law has already done great good—it has already prevented murder. With regard to cantharides, also, this article is used for criminal purposes; and ergot also is used daily by abortionists—women even use it themselves.

Mr. Parrish, of Philadelphia, said he was favorable to these restrictive laws; but too many articles are enumerated, and the law is too complicated. Laws are not of much account in this country; though, if we could execute the laws as they do in some other countries, they might be of some avail. The safety of the public consists in having conscientious physicians and apothecaries-and that is the only safety. A conscientious apothecary will not sell a poison where there is the slightest suspicion of criminal purposes; but if a man comes with an order that has the appearance of a physician's prescription, and a physician's name to it, the druggist cannot go behind that. Of the hundreds of physicians' prescriptions put up, the druggist often does not know half of the physicians whose names are attached. I have known ergot sold by an apothecary to a physician. and in a few days the apothecary was showing a fatus of thirty days as its result; but it was the physician who was guilty, and not the apothecary. The apothecaries save thousands of lives by their care. Let the different Colleges of Pharmacy frame suitable laws regulating this matter, and then get their respective Legislatures to pass them: or let this Association frame a law of general application, and have it sent to all the State Legislatures for their action.

Dr. GUTHRIE said that there must be a distinction drawn between the true apothecary and the mere seller of drugs—that thus the profession might be elevated, and an incentive put before the young men who enter drug-stores to become educated men—not mere dry-goods or grocery clerks. The laws should offer privileges to educated druggists; they ought to prescribe that drugs shall be sold only by a certain few; and if they are poisonous, the physician might be compelled to go to the apothecary's himself, and have them put up.

Dr. A. K. GARDNER.—The most injurious thing for a community is to have a law passed that cannot be carried out; and the law on this subject passed by the State of New York comes under that classification. If, moreover, we do not have conscientious men, the law will be broken whenever it is advantageous or profitable to do so. present law is objectionable, because it says poisons must be sold at the order of a physician. Now, any individual is a doctor if he only says he is—that is, if he can collect his fees—which is the principal object of being a doctor. A barber pulls down his pole and puts up his shingle, and he is a doctor—perhaps an eclectic doctor, or a woman's doctor, or a horse doctor, or something. We must first have a law designating who doctors really are, and then another law restricting druggists to educated and honorable men; otherwise any law regulating the sale of poisons will be of no avail. In Europe the law fixes who physicians are, and does not allow any man to quack it unless he quacks it under a regular diploma. The homoeopaths in France or Germany are not such fellows as we have here, but men of education, who must first obtain degrees—though they may afterwards fall from grace. So then, also, the apothecary must be regularly trained for his profession before he can practice it. But in Paris everybody can buy poisons; at least, such is my experience. I have gone into a -drug-shop and got an ounce of laudanum, and my name was not on any list of names, unless it was the police register. (Laughter.) Everybody's name is on the police register in Paris. In this country, John Snooks, when he wants to commit suicide, evades the law by buying his strychnine to kill rats; and the apothecary, in turn, "How much?" says Snooks. "A dollar!" says the cheats him. apothecary, while the original cost was not a shilling. [Another druggist said it would not be two cents.] Then the apothecary calls to his office-boy, "Here, Peter, come here!" and Peter signs his name as a witness that the purchase was legitimate. So, also, a druggist who sells ergot for improper purposes will cheat. There is no preventive in this matter but integrity; fines will not restrain good men, nor prevent bad ones from doing wrong. So it seems to me that until you go back, and fix who shall be apothecaries and druggists, you cannot accomplish snything. Not more than two-thirds of the druggists of this city have proper qualifications. Let physicians, also, send their prescriptions to conscientious druggists, and thus either starve out these miserable hucksters, or confine them to the sale of spirit-gas, paints, and oils.

Mr. Junggas thought that if the physician sent his prescriptions to a particular drug-store it would only increase the evil, as the public would believe that he was paid for it, and was conniving with the druggist.

Mr. Gordon believed that the law would be of more avail if it restricted the sale of a few particular poisons commonly known by the public. Some years ago, a law was passed in Ohio restraining the sale of poisons, but specifying only arsenic, as two cases of peisoning had just taken place from that drug. The law provided that the arsenic should be colored, and no case of poisoning from that subvatance has taken place there since then.

Mr. Mean's said that legislative bodies could not control this matter. This Association has within itself the elements to control it.

Mr. Condingerous said that a stringent law would be gladly accepted by the apothecaries. The difficulty was not with them, but in getting the people to conform to the law.

Mr. Carney, of Boston, said that he had abolished the sale of poisons in his own store, that is, known poisons, and had for years declined to sell to strangers arsenic, corrosive sublimate, and such articles. Another Boston apothecary, when strychnine is called for for rats, puts up cream of tartar, and in this way he had once saved the life of a woman. She thought she was going to die, and stomach-pumps and all the paraphernalia were gone through with, but she recovered!

Mr. Stearns, of Detroit, thought that laws to regulate the sale of poisons was like treating a disease that required constitutional treatment, by local applications. He defied them to produce any law that would be of any result. We need more science, and intelligence, and character among the druggists. Let this Association go on, and its action will work out a cure.

Prof. Prooror thought the apothecaries wanted protection as well as the public. The law of Pennsylvania limits poisons to five articles—arsenic, corrosive sublimate, prussic acid, morphia, and strychnine—and provided that the purchaser should be known to the apoth-

ecary, and that there should be a witness; but this law merely enables the officer to find out to whom it was sold, and who sold it—it did not restrict the sale.

Dr. Percy said that this law covered the whole ground—it lets us know upon whom the punishment shall fall.

The subject was then referred to a committee of three, to report on at the next meeting, next August, at St. Louis.

#### MARKS'S ARTIFICIAL LIMBS.

We have so long announced and used the instruments of Palmer & Co. only, in this department, that the advertisement of another manufacturer has taken us by surprise, and reminds us that we may have everlooked or undervalued the artificial limbs made by others, some of which, like those of Mr. Marks, seem to have secured the patronage of many surgeons and patients. The "cheapness in price," to which he alludes, is certainly a merit worthy of commendation, since most of the mutilated who need them find the cost a burden, though the artificial limb is a necessity. He claims, also, greater simplicity and equal durability; but of this we are no judges, though we have seen persons wearing the limbs of Mr. Marks with comfort and satisfaction, and it is due to him to say so.

## THE CONICAL WASHING MACHINE.

A muscle movement in the right direction is shown by the extensive demand that has sprung up for French's "Conical."

Better than dumb-bells or dinner pills, ladies will find that, in simplicity of construction, perfection of work, and ease of management, it meets fully every demand made upon it.

# PURE MILK.

Our city readers will not fail to be interested in the advertisement of the Rockland County and New Jersey Milk Association, in which they guarantee to furnish a pure article only. We have taken great interest in this movement, recommended and used the milk thus furnished, and many of our patients' children are thriving under that furnished by a single cow, and which is sold separately. If the Company continue to perform what they promise, their patronage may be indefinitely extended, and they will be public benefactors.

#### ITBMS.

Professor Willard Parker has not resigned the chair of Surgery in the New York College of Physicians and Surgeons, as reported in some of the papers; but will still be on hand, with his "Lecturer Adjunct."

Dr. Geo. T. Elliott has resigned being any longer "Lecturer Adjunct" to Professor Gilman, in the College of Physicians and Surgeons. Reason assigned, the breach of good faith, he having been promised promotion to the "Adjunct Professorship" at this session.

Professor Van Buren has resigned his Surgeoncy in the New York Hospital. Reason, want of time to perform its duties during the winter session of the University. The vacancy is said to be oscillating between Drs. Sands and Agnew. Nepotism or favoritism again I for there are a score of surgeons in the city superior to them both. The staff of that Hospital will soon become a "standing joke."

Professor Jacobi, of the New York Medical College and Charity Hospital, has no connection whatever with the New York University School, so that the announcement of his name in such connection in the *Herald* is a mistake. His lectures and cliniques on Infantile Pathology and Therapeutics are regularly held on the appointed days of each week, at the New York Medical College, in 13th Street.

The Commissioners of Charities and Correction have taken the appointment of the House Surgeons and Physicians in the Hospitals of the Alms-House department into their own hands, which is a wise and judicious reform. Several appointments have been made, and we see that they are advertising for candidates to fill other vacancies, seven of which are in Bellevue Hospital. The Board have abolished the diploma system at the latter institution, and substitute cards certifying to attendance upon the clinical teaching.

The Bulletin of the New York Academy of Medicine contains the paper of Dr. A. K. Gardner on Apoplexy of the lungs as an accident of labor, and the debate consequent upon its reading, in which Drs. Thomas, Finnell, and others took part, regarding cedema of the lungs to be the true diagnosis in one case, and congestion in the other.

At the last meeting of the Academy, Dr. Martin read a paper on the use of one blade of the forceps, in tedious labor, for altering the position of the head and for traction, which was criticised by Prof. Barker and others, Professor Miles, who succeeds Dr. Holbrook in the chair of Anatomy in the South Carolina Medical College, is said to have ample qualifications for the place, and to be deservedly popular with the whole profession. This school will continue to sustain its high reputation, although some of its ablest men have retired within a few years. It still retains a superior Faculty, and ranks among the best schools of the country.

The American Pharmaceutical Association has lately held its annual session in this city, which was well attended from abroad, representatives being present from most of the States of the Union. The utmost harmony prevailed, and the meeting was one of great interest and usefulness.

A complimentary dinner was given by the druggists of New York, at St. Nicholas Hotel, to their brethren of the Association, which passed off with much eclat. The worthy host excelled himself in the bounteous provision for his guests, and the table, its contents and its decorations, were all the theme of high commendation. Many of our physicians were present as invited guests, and the choice sentiments were responded to by numerous speakers. John Meakim, Esq., precided with dignity and grace. The venerable President of the College of Physicians and Surgeons was present, and Dr. John Watson, President of the Academy of Medicine, was among the speakers. The occasion was gratifying to all.

Vapor of Chloroform in Earache.—Dr. Ford, of Savannah, reports in the Southern Medical and Surgical Journal the following instance of cure of earache, from the vapor of chloroform, applied as follows: "Taking a two-ounce vial, a small opening was punched through the bottom; a little cotton-wool soaked with chloroform was then put into the vial. The mouth of the vial was now applied to the external meatus. The attendant then placing his lips to the punctured extremity of the vial, blew the vapor into the external ear. The relief was instantaneous, and the patient soon fell asleep, being cured by this single local application. We commend the above method as well worthy of trial in cases of this painful affection of childhood."

Medical Graduates for the Year 1860.—As far as reported, there have been 1,497 graduates in medicine turned out by the various Medical Colleges in the United States this year. If the list were completed, it would probably swell the number to about 1,600.

# BOOK NOTICES.

THE THEORY AND PRACTICE OF MIDWIFERY. By FLEETWOOD CHURCHILL, M.D., &c., with additions by D. Frances Condie, M.D., &c. Philadelphia: Blanchard & Lea. 1860.

This is a new American edition of a well-known standard work, from the fourth corrected and enlarged English edition. It has recently been greatly improved by the author, and very judicious additions have been made by Dr. Condie, so that this issue by the American publishers is the most complete work extant in this department. It contains 194 illustrations, and has been brought out in superior style. We have only to repeat our former commendation of this work of Dr. Churchill, which in all respects is an admirable text-book for students, and deserves a place in every medical library. The manual on the qualifications and daties of the monthly nurse, which the editor has appended, with the consent of the author, is worth the price of the book to a young secondaday.

PRINCIPLES AND PRACTICE OF MODERN SUBGERY. By ROBERT DEUTY, F.R.O.P. London.

This work was originally issued as the "Surgeon's Vade-Mecuss," but has now reached its eighth Loudon edition, enlarged and improved by the author; and from this last the present new American edition has been prepared, with a revision by an American surgeon, who has done the book good service, by valuable improvements, including American novelties. It contains 433 illustrations, who has done the book good service, by valuable improvements, including American novelties. It contains 433 illustrations and useful, and 100 of which are introduced by the American editor, whose name, for some reason, is withheld.

American editor, whose name, for some reason, is withheld.

It cannot be necessary to say more than that this book now merits its new title, for as a text-book for atudents of surgery it is unsurpassed. Within 564 pages matter is condensed which elsewhere has been spread out into two huge volumes of so formidable a size as to deter the reader; and yet the principles and practice of surgery will be found here complete, and in sufficient detail. We heartily recommend the book, and thank the publishers for its excellent typography, binding, and engravings.

AG Delinquent subscribers are again reminded that payment in advance is the rule, and unless they now remit, they will be charged \$3 for the year 1860.

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# AMERICAN

# MEDICAL GAZETTE.

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No. 11.

# ORIGINAL DEPARTMENT.

Professorial Staff of the Medical Colleges of the United States.

We are indebted to the Students' number of the American Medical Times, Oct. 13th, 1860, for extended details upon the subject of Medical education in the forty-seven Colleges of the country. Mainly from this source we have compiled the following abstract, showing the number of schools, their location, the branches taught, and the names of the men who constitute the several faculties. It may serve useful purposes, for reference and comparison.

By this list, it will appear that a large majority of the Colleges have seven Professors; a considerable number have but six; some have five, and two have only four! The Lind University has 12 Professors; the New York Medical College 12; the New Orleans School of Medicine and University of Louisville, 9 each; the National, Augusta, Savannah, Oglethorpe, Rush, Kansas, University of Louisiana, Massachusetts, Berkshire, St. Louis, Long Island, and Castleton, have each 8, while all the rest retain the old number of seven, except those which fall even below this number; Michigan and Virginia having but four each.

We have not enumerated the Emeritus, or the adjunct professors, among the teachers of the country, but only those who fill chairs in some department of the schools and are responsible for stated lectures. The aggregate number of teachers or professorships in all the forty-seven schools of the country appears to be 342.

Besides these, there are numerous Emeritus and adjunct chairs and lectureships held, besides demonstrators, prosectors, assistants, &c.,

connected with the colleges; and clinical teaching in the hospitals, infirmaries, &c., is a prerogative exercised by the medical staffs of these public charities.

So that by our estimate, more than 500 public medical teachers are occupied more or less in the business of instruction, while the whole number of pupils in all our schools cannot exceed six thousand. If these were equally distributed, there would be but twelve pupils to each teacher, and 130 for each College. But as they are not, the numbers of students vary from 600 to 30; so that many schools must be largely below the average.

The aggregate number of graduates does not exceed 2,000, one-third of the whole number of students.

We thus arrive at the evidence that the supply of doctors is in no danger of exceeding the demand, for the annual mortality among physicians is found to leave 1,000 vacancies every year; and meanwhile the population of the country is increasing 25 per cent. annually.

Of course, we are estimating only the regular physicians, exclusive of the hordes of quackery, whom no man can number, for their name is Legion!

# New York.

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Joseph Mather Smith, M.D., Materia Medica and Clin. Med.

Robert Watts, M.D., Anatomy.

Willard Parker, M.D., Surgery.

Chandler R. Gilman, M.D., Obstetrics and Med. Jurisprud.

Alonzo Clark, M.D., Pathology and Practical Medicine.

John C. Dalton, Jr., M.D., Physiology and Microscopic Anat.

Samuel St. John, M.D., Chemistry.

Thos. M. Markoe, M.D., Lecturer Adjunct Surgery.

Foster Swift, M.D., Lecturer Adjunct Obstetrics.

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William H. Van Buren, M.D., Anatomy.

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Chas. A. Budd, M.D., Midwifery.

A. Jacobi, M.D., Infantile Pathology and Therapeutics.

Bern L. Budd, M.D., Toxicology.

R. K. Browne, M.D., Professor of Physiology and Microscopy.

W. R. Whitehead, M.D., Professor of Clinical Medicine.

G. Thurber, M.D., Professor of Materia Med., Bot. and Phar.

Joseph Shnettner, M.D., Lecturer on Pathological Anatomy.

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Howard Townsend, M.D., Materia Medica and Physiology.

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George Burr, M.D., Anatomy.
Caleb Green, M.D., Physiology and Pathology.
Hiram N. Eastman, M.D., Medicine and Materia Medica.
Joseph Beattie, M.D., Obstetrics and Med. Jurisprudence.

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Lewis D. Harlow, M.D., Obstetrics, etc.
William S. Halsey, M.D., Surgery.

١

Wm. Hembel Taggart, M.D., Materia Medica. James Aitken Meigs, M.D., Institutes of Medicine. Wm. H. Gobrecht, M.D., Anatomy.

## Tennessee.

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J. J. Chisolm, M.D., Surgery.

E. Geddings, M.D., Institutes and Practice.

^{*} Circular of 1858.

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L. M. Lawson, M.D., Prof. of Clin. Med. and Physical Diagnosis.

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rence with, M.D., Medical Chemistry.

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#### Ohio.

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Charles O'Leary, M.D., Chemistry and Toxicology.

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Proctor Thayer, M.D., Anatomy and Physiology.

# THE AMERICAN

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T. W. Gordon, M.D., Chemistry and Pharmacy.

T. A. Reamy, M.D., Materia Medica and Therapeutics.

I. C. Walker, M.D., Pathology and Physical Diagnosis.

C. B. Maclay, M.D., Medical Jurisprudence.

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De Laskie Miller, M.D., Obs. and Diseases of Women and Children.

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H. A. Johnson, M.D., Physiology and Histology.

A. L. McArthur, M.D., Materia Medica and Therapeutics.

M. K. Taylor, M.D., General Path, and Public Hygiene

F. Mahla, Ph. D., Inorganic Chemistry.

Edmund Andrews, M.D., Surgery and Clinical Surgery.

Ralph N. Isham, M.D., Surgical Anatomy and Oper. Surgery.

W. H. Byford, M.D., Obs. and Diseases of Women and Children.

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J. C. Hughes, M.D., Surgery and Clinical Surgery.

Philip Harvey, M.D., Medicine and Microscopy.

Wells R. Marsh, M.D., Chemistry and Materia Medica.

Daniel Meeker, M.D., Anatomy.

Henry Strong, A.M., Medical Jurisprudence.

# Columbia, (District of.)

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James J. Waring, M.D., Professor of Obst. and Diseases of Women. John G. F. Holston, M.D., Principles and Practice of Surgery.

John C. Riley, M.D., Professor of Mat. Med., Ther., and Hygiene.

Nathan Smith Lincoln, M.D., Anatomy and Physiology.

Robert King Stone, M.D., Clinical Surgery.

A. T. P. Garnet, Clinical Medicine.

George M. Dove, M.D., Practice of Medicine.

George B. Schaffer, M.D., Chemistry.

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Charles Hooker, M.D., Anatomy and Physiology.

Worthington Hooker, M.D., Theory and Practice of Physic.

Benjamin Silliman, Jr., M.D., Chemistry and Pharmacy.

Pliny A. Jewett, M.D., Obstetrics.

Chas. A. Lindsley, M.D., Materia Medica and Therapeutics.

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MEDICAL SCHOOL OF MAINE.

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Charles A. Lee, M.D., Materia Medica.

A. Norse, M.D., Obstet. and Diseases of Women and Children,

Hon. John S. Tenney, LL.D., Medical Jurisprudence.

Edmund R. Peaslee, M.D., Surgery.

Paul A. Chadbourne, M.A., Chemistry and Pharmacy.

David S. Conant, M.D., Anatomy and Physiology.

# New Hampshire.

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E. E. Phelps, M.D., Theory and Practice.

Albert Smith, M.D., Materia Medica and Therapeutics.

Isaac P. Redfield, LL.D., Medical Jurisprudence.

O. P. Hubbard, M.D., Chemistry and Pharmacy.

E. R. Peaslee, M.D., Anatomy and Physiology.

#### Vermont.

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P. Pineo, M.D., Medical Jurisprudence.

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Abram Sager, M.D., Obstetrics and Physiology.

M. Gunn, M.D., Surgery.

A. B. Palmer, M.D., Ther., Materia Medica and Diseases of Women.

C. L. Ford, M.D., Anatomy.

# Massachusetts.

HARVARD UNIVERSITY-MASSACHUSETTS MEDICAL COLLEGE, CAMBRIDGE.

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Henry I. Bowditch, M.D., Clinical Medicine.

Oliver W. Holmes, M.D., Anatomy and Physiology.

George C. Shattuck, M.D., Theory and Practice of Medicine.

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John Bacon, M.D., Chemistry.

Edward H. Clarke, M.D., Materia Medica.

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E. K. Sanborn, M.D., Surgery.

Timothy Childs, M.D., Anatomy.

Henry M. Seely, M.D., Chemistry and Toxicology.

R. Cresson Stiles, M.D., Physiology and Pathology.

Wm. P. Seymour, M.D., Materia Medica.

W. H. Thayer, M.D., Theory and Practice of Medicine.

Jas. D. Colt, Esq., Medical Jurisprudence.

#### Alabama.

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Wm. H. Anderson, M.D., Physiology and Pathology.

George A. Ketchum, M.D., Principles and Practice of Medicine.

F. A. Ross, M.D., Materia Medica and Therapeutics.

F. F. Gordon, M.D., Obstetrics and Diseases of Women and Children.

J. W. Mallet, Chemistry.

# Kansas.

BAKER UNIVERSITY-MEDICAL DEPARTMENT-LEAVENWORTH CITY, KANSAS.

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Practice of Medicine.

M. S. Thomas, M.D., Principles of Surgery.

H. Griffin, M.D., Materia Medica and Therapeutics.

F. Sinks, M.D., Chemistry and Toxicology.

G. W. Hogeboom, M.D., Medical Jurisprudence and Sanitary Science.

J. L. Weaner, M.D., Clinical and Op. Surgery.

C. J. Lee, M.D., Clinical Medicine.

C. A. Logan, M.D., Obstetrics.

# INTRODUCTORY LECTURE.

By Augustus K. Gardner, Professor of Clinical Midwifery and Diseases of Women in the N. Y. Medical College and Charity Hospital, Oct. 18, 1860.

Medicine, or the science of healing, is divided into two grand, distinctive parts—the external and the internal—the concealed and the apparent—both dependent upon the character of the disease to be treated, whether internal or external, as the one is open to the senses, which may be either seen, felt, or both seen and felt; but the other, hid both from vision and touch, is none the less present and actual. The existence of this disease, however, is manifest to the patient, who sometimes keenly feels the agonizing pangs which shoot through his racked and tortured frame. It is also apparent to the eye of the anatomist after death, who, with scalpel in hand, diligently seeks in nerve, muscle, tissue or organ, for the origin of the pains which he has not been able to see during the life of the sufferer, but the knowledge of which has none the less been possessed by him.

External medicine claims, therefore, those diseases which can be reached by the eye, and to which medical appliances and treatment can be topically applied. Surgery is a synonymn for external medi-

cine, and as such, is limited to manipulations and local applications. and its armenteria are plasters, salves, caustics, and the knife. plain work, with little obscurity, little room for mistake, and has not till quite recently claimed or received any great respect from the pro-The surgeon in the Old World was not deemed fession or the world. worthy to associate with the physician; he was generally quite uneducated in any science, and so low in actual worth and personal pride that the barber and the surgeon were identical. Even so late as when our venerable Dr. Francis visited Amsterdam, probably not half a century since, he was shaved by the head regimental surgeon, who claimed, and was paid, a paltry fee of a few coppers for this degrading Most of our hearers know that the striped red-andservice. white barber's pole is but the exaggerated souvenir of the surgeon barber of past days, who, for a sign to those who wished to be bled. placed before his door the staff which the patient grasped, and around which was wound the band with which the arm was to be tied up.

A trace of this inferiority of the surgeon is still perceptible in Great Britain, where the surgeon ranks in society lower than the physician; he is not a physician of education with a diploma of Medicinæ Doctor, but a surgeon and a plain Mr. or Esq.

To be sure, the surgeon of the present time is quite a different man from the barber of the past, and the surgeon of the present day will find few patients, unless he can look farther than he can see with his simple senses, unless with higher powers he can penetrate into the arcana of the human frame and see the hidden causes of diseases externally manifested, and be able by internal treatment to attack successfully the diseases which would resist all external applications. surgeon of the present day can, therefore, strictly speaking, be exclusively a surgeon; he must be a physician, and so far as he becomes more and more a physician, does he become more and more educated: otherwise he is but a bone-setter or a cancer doctor. He who at the present time should not see the great distinctions in diseases, the same apparently to the sight, as modified by the cause, would soon meet The tibia is carious. with universal reprobation. Would you cut off the leg? The cause is to determine this question. Is it injured by a blow? is it a scrofulous manifestation? or is it a syphilitic disease. which a course of mercurials and iodides will entirely renovate? The conservative surgeon of the nineteenth century is, by necessity, a physician.

The physician, too, is changed. While formerly he was merely a

prescriber for diseases by their names, possessed of formulæ half cabalistic, half rationalistic, and entirely repulsive, the doctor of to-day treats not names, but groups of symptoms, which he considers as but branches springing from a common root, against which alone he raises his axe. Facial neuralgia he sees springs from a diseased tooth, and he takes from the old barber his instruments for extraction, or from disease of Meckel's ganglion requiring a severe operation, baits removal, and the cure is effected without calling for the nervines and the antispasmodics of the pharmacy.

While, however, as may be seen from this very brief exposition, the domains of medicine and surgery have been in some respect united, since at any rate the great barriers which separated them have been in many points pulled down and overthrown, other diseases have created a conformity with the spirit of the times. By the union of the domains of medicine and surgery, the realm has become too large for the individual appropriation of any one. No matter how vast may be the powers of a man's mind, how varied his talents, how extensive his opportunities, how protracted his life, it is in vain for him to even learn all that is known on the subject of medicine, to fully grasp all its branches—how much less to enlarge it by original contributions? If the great minds cannot attain to this after long, persevering toil, how futile then for the men of moderate abilities! A division of the work is then actually forced upon us. For a comparison, we may go to the humble artisan and see how in his lonely sphere, where, if anywhere, a perfect mastery of an entire business would seem to be within man's reach; and yet we find perfection, or even such an approach to it as is permitted to private power, is not there to be found. penter is divided into numerous grades, as he devotes himself to housebuilding and ship-building, cabinet-work, and the hundreds of divisions and subdivisions into which this single trade is divided. fore, divisions are requisite for a trade which occupies man's bodily powers mainly, how necessary it must be in occupations which call forth the fullest use of the highest powers accorded to humanity by a wise Creator!

Divisions, therefore, being imperative for the full acquisition of medical knowledge, for its advance and ultimate perfected development, the first divisions should be made in accordance with the great distinctions of nature—and thus we find them. In the great plan of creation we find a most wondrous uniformity. The Creator has not made one skeleton and accompanying organs for man, another for beasts, a

third for birds, and a fourth for fishes, etc., but one great scheme runs through all animated nature, developed variously in each, according to their various necessities.

Man, the first created of the human species, is the type of humanity, and he is to be understood in his anatomy and his functions; then we have the second creation, woman, who is something more than man, possessing varied and differing configuration, organs and functions; and finally, we have the child, which is something less than man, inferior in its development, its powers and the functions. The child was created out of paradise, and the cause of its inferior condition we leave to theologians and disputants.

In these varieties, however, we have the natural grounds for original divisions, and accordingly, in the teachings of the schools, as well as in the successful practice in the world, medicine is legitimately and easily divided into the diseases of men, the diseases of women, and the diseases of children. The first class being the generic class, embracing all the diseases which belong in common to all humanity, is necessarily far the largest, and is again subdivided into many parts. second and third classes, viz., the affections of women and children, are generally embraced under one head in the teachings of the schools; but apart from the fact of its before-mentioned very distinctive characteristics, these two subjects have never been, and can never be fully or even approximatively displayed in any course of four or six months' lectures. Further than this, we have thought that it is impossible for one mind to successfully grapple with all the intricacies of the combined branches; and to even ventilate the subjects embraced under these comprehensive Furthermore, the importance of the full elucidation of these portions of medical study and knowledge, independent of their magnitude, has induced this faculty, desirous of making the teachings of this college exhaustive in its results, as well as eminently practical in its character, to divide the generally dull, prosy chair of midwifery and the diseases of women and children into the three parts into which it naturally falls.

To the chair of the principles and practice of midwifery will pertain all that concerns that most important function of the animal nature. As the shrub springs from the ground, throws out its roots and tendrils to gather the succulent juices from the earth, spreads its umbrageous branches abroad that its green leaves may imbibe the sweet air of heaven, and grow rich in the resplendence of the sunbeam, that, bathed in the soft dews of the night and watered by the sparkling and ammo-

niated rain-drop, it may gather its concentrated essence into the secret inclosure of its calyx, and then the great object of its creation having been thus effected, to wither away and die, yet living again in the summer bloom of its perfected seed; so woman, the flower of the race, springs into being, blossoms into loveliness, hiding within her breast the germ of after hopes and fears, the future generation. The chair of the principles and practice of midwifery will start this matter from the bud, carry it into details, portraying to you in graphic language the sufferings, dangers, reliefs, which attend this condition. I need not tell you, gentlemen, how thoroughly, how devotedly, how practically this subject will be presented to you, but those who know the indefatigable nature of my coadjutor in this branch of the gynecologic department, will know that there will be no failure.

From the bloody hands of the accoucheur, the professor of the diseases of children will take the squalling child endued with the unctuous casea materna, besmeared with meconium, and after having removed the superabundant prepuce, cured its sprue, cut its gums; exorcised its nares, put it through a general course of scarlatina, measles, and other exanthematous sprouts; having in a very wonderful manner preserved it through such severe attacks of diphtheria, cholera infantum, and hydrocephalus, of which it had a severe attack, notwithstanding an imperforate anus, such as never child before was saved from; after having brought it up by hand, nourished it on swill-milk, green apples, and pea-nuts, after giving it fits, the itch and chorea, he will hand over to the professor of the diseases of females, with an imperforate hymen, profuse menorrhagia and an entire absence of the entire generative This able professor, not to be outdone by his brethren, will conduct her up to the "critical period" of her life, and then in a very miraculous manner, have her properly fecundated, and then in turn hand her over to the midwifery proper professor, to have her delivered: she thus going through the "chain of being" in a highly satisfactory manner to all concerned.

Seriously, gentlemen, by the division of the usual chair of midwifery and the diseases of women and children into three, we think you will obtain great benefit. The aim will be, in the department which I shall endeavor to expound to you, to make the teaching eminently practical. Hair-splittings and empty refinements either in nomenclature, diagnosis or theory are to be numbered among the follies and dilettanteism of medicine. What you want is to be able to recognize disease in the Protean shapes in which it appears, and to be able to grapple with it

and obtain the mastery over it. To enable you to successfully achieve this end will be my great object, with the sole aim for your benefit. To this end I shall resort to any and every means within my power. by didactic lectures, by conversational instructions, by the presence of the actual disease, by repetitions, examinations and queries. It will be your duty to strive to gain the knowledge that is imparted, by using your eyes to see what is shown, and your ears to hear the truths that are propounded. Empty and captious criticisms upon the short-comings of the lecturer will, if not in bad taste, at least be profitless to both instructor and student. The former is fully aware of his many deficiencies, and is conscious of his inability to come up to the standard which he has set before him, yet he knows that even poor seed will spring up and grow abundantly, no matter how poor the gardener may be, if the soil is rich, well tilled and exposed to the sun, trustingly and hopefully. With these premonitory remarks, the regular course in this branch, I will continue my course of lectures on the diseases of the heart by some thoughts on Lactatics.

# GLEANINGS FROM FOREIGN JOURNALS, &c.

By Dr. MARSLAND.

On Peritonitis consequent on Purulent Inflammation of the Fallopian Tubes. By Professor Foerster, of Würtsburg.—There are three ways in which inflammation of the Fallopian tubes may produce peritonitis. First, by the direct propagation of inflammatory action from the abdominal opening of the tube to the investing peritoneum; secondly, by the rupture, after the formation of pus, of an ulcerated point in the wall of the tube, resulting in the passage of pus or of ichor into the abdominal cavity; thirdly, by the direct penetration into this cavity, through the orifice of the tube, of pus formed in this organ.

I. Peritonitis, due to the first of these methods, namely, the propagation of inflammation by the contiguity of tissues, is very frequent. When it follows ordinary catarrhal inflammation of the mucous membrane of the tubes, it always presents the characteristics of circumscribed peritonitis, and terminates by the formation of fibrous adhesions. Sometimes the phlegmasia is limited to the vicinity of the tube at a short distance from its opening, and sometimes it spreads farther. Consequently, while in certain cases only a few fibrous filaments fringe the orifice of the tube, in others there are considerable ad-

hesions of the fimbriated portion, and of all the external half of the organ to the ovary, the broad ligament, the uterus, the neighboring intestinal circumvolutions, and the walls of the pelvis. Mostly these adhesions produce displacements of the tubes, the orifice of which is usually obliterated, which renders the subsequent passage of the ovum We sometimes have an opportunity of observing the phlegmasia at a less advanced stage. The fimbriated extremities of the Fallopian tubes are then found tumefied, strongly injected, and the surrounding peritoneum has become slightly opaline, being traversed by a vascular net-work gorged with blood. From the free surface of the fimbria and of the peritoneum spring small villous tufts, which are We find no free exudation, or if there be the rudiments of adhesions. any, it exists as an extremely thin layer, colorless, viscous, and transparent. Sometimes the peritonitis is limited to one tube; at others it affects both. In the last case it usually induces obliteration of the orifice, and is, of course, attended by sterility. Peritonitis and catarrh of the tubes, which cause it, generally accompany uterine catarrh, and are principally met with in prostitutes. I have, however, published cases in which married women of irreproachable life, and even virgins, were affected with this malady.

II. Peritonitis determined by the second cause is very rare. It is met with only when the inflammation of the mucous membrane of the tube terminates in the formation of pus, and is scarcely ever observed except from puerperal causes. Among others, Rokitansky, Kiarsch, and Andral have described cases of this malady. The two latter have recorded only one case each, and in both instances the patient was parturient. Two cases have come under my own observation, in which, in women of the respective ages of 49 and 31 years, this form of their malady was distinctly marked. The progress of the disease is usually chronic. The pus gradually accumulates in the tube, which contracts adhesions with the neighboring organs, and finally, an ulceration in one of the walls of the tube is formed, which opens into the abdominal cavity, or into a contiguous portion of the intestine.

III. The third cause of peritonitis is the most rare of all. When thus produced, the peritonitis is general, and is due to the escape of pus or ichor into the abdominal cavity through the open orifice of the tubes. Like the preceding species, cases of this sort are divided into two classes: those which attack women recently delivered, and those which are unconnected with the puerperal state. A short time ago Martin called attention to the fact of these, and introduced them into

the domain of discussion; accoucheurs and physicians devoted to the treatment of the diseases of women never having agitated the question whether or not puerperal peritonitis could be caused by the escape of pus from the Fallopian tubes into the abdominal cavity. Cruveilhier, in his pathological anatomy, was the first who discussed the possibility of this. But he maintains that the pus is not found in the tubes, but supposes that the same aspiratory force or capillary attraction which in the process of fecundation draws the semen through the tubes, draws also the pus from the cavity of the uterus, and thus conveys it into that of the peritoneum. Vellizari, in La Sperimentale for March, 1850, expresses a similar opinion. Martin, however, has proved that the mucous membrane of the tubes is to be considered as the only source of the pus which we find in it, and his views are confirmed by the fact that pathological anatomy has long ago shown that there exists both during the puerperal state, and out of it, a purulent inflammation peculiar to the mucous membrane of the tubes.

Pressure on the tubes by certain motions of the patient's body is probably one cause of the flow of the pus from the tubes into the cavity; and this escape, with its distressing consequences, would probably occur much more frequently but for the fact that a contraction of the orifice usually supervenes from inflammatory irritation.

This form of peritonitis is not confined to parturient patients, for a case recently occurred in which, in an unmarried woman, 26 years of age, who died from acute peritonitis, the autopsy furnished evidence that the fatal malady had resulted in the way we have described, from ordinary purulent phlegmasia of the Fallopian tubes.

Practical researches at the bedside, together with autopsies, will throw some additional light on the forms of peritonitis just described; so that its clinical and anatomical diagnosis may be established on a solid basis. There is no doubt that, when once attention has been drawn in this direction, the materials published regarding this malady will rapidly increase, though the existence of purulent, non-puerperal phlegmasia of the Fallopian tubes, producing general peritonitis, must still continue to be regarded as of very rare occurrence.—Abridged from Wiener Medizin and L'Union Médicale.

On the Presence of Oxide of Carbon in the Blood. By Dr. Hoppe.

—When defibrinated blood is mixed with its volume, or twice its volume, of a caustic solution of soda of 1.3 specific gravity, we obtain, if the blood is normal, a black mucilaginous mass, which, spread in a thin layer on a plate, assumes a greenish-brown tint. Blood satu-

ed with oxide of carbon yields, on the contrary, a red mass, almost ilated, having on the plate a red color approaching that of cin.... These results have been established by the cases of three sons asphyxiated by carbon-vapor, only one of whom was resusci-

Moreover, the blood was not saturated with the oxide of carr it became red on contact with the air. Hence, the charactints were less distinct than in case of saturation. These in-

s may have considerable medico-legal importance. Dr. ppc has ascertained that other gases, the protoxide of azote, cyann, sulphureted hydrogen, hydrocyanic acid, chloroform and ether, not give rise to the coloration described.—Archiv. fur Path.

hological Anatomy of Deafness. By Professor Meyer, of Zu-The most careful examination of the two auditory apparatus osed no anomaly. It was in the brain that the cause of the malwas discovered. The lining membrane of the cavities of the ceram and cerebellum revealed changes due to an internal meningiof intra-uterine origin. These appeared as thickenings, some beflat, and others presenting the aspect of small elevations. had effaced the small inequalities of the surface of the brain in the merior of the ventricle by shriveling up the endymia. Now this lesion existed in the rhomboidal sinuses of the fourth ventricle, and had filled up its floor so as to leave no trace of the auditory striæ. patient could hear, absolutely, nothing at all. In other respects, he was very intelligent. Professor Meyer had afterwards an opportunity of demonstrating a lesion of similar character, though of less extent, in an individual whose hearing had been very defective.—Archiv. fur Path. Anat.

Microscopical Examination of an Atrophied Muscle.—M. Broca recently described, at a meeting of the Surgical Society of Paris, a microscopical examination of a portion of an atrophied muscle which was almost entirely fibrous. After incision, he found in the centre a few very pale muscular fibres. Two kinds of degeneration take place in atrophied muscles. The first is fatty degeneration properly so called.— This consists of striæ of adipose tissue interposed between the muscular fibres. By the development of this interposed tissue, the muscular fibres are compressed, become atrophied, and at length disappear. The other kind of degeneration is the granulo-adipose. Here each muscular fibre is decomposed into granulations, which fill up its sheath. The specimen of atrophied muscle examined by M. Broca presented a few fatty striæ; and moreover, the muscular fibres had

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undergone granulo adipose degeneration, but only in a small portion of their length. In the intermediate the strice reappeared, and farther on, the granulo-adipose degeneration was again found, so that the healthy portions alternated with those which had undergone degeneration.—L'Union Médicale.

Electricity applied to the Treatment of Mental Alienation,-Dr. Teilleux, Principal Physician at the Asylum of Maréville, in France. states, in the Annales Medico-Psychologiques, that he has obtained excellent results from electricity in the treatment of insanity; but as this agent was not employed alone, but was only used in conjunction with all the other means ordinarily adopted, the cases cited by this able physician have not the same force as if the experiments had been conducted with electricity alone. Indeed, he regards the pile as an adjuvant, not as a sole remedy, and still less as a specific. He says explicitly that the electric fluid should not be regarded as a substitute for the remedial agents which the materia medica already offers for combating mental alienation. He does not think, for instance, that it can be used instead of opium, purgatives, sedatives, etc. Still, in his opinion, it is adapted to combat several varieties of mental maladies. It has distinct properties—is a stimulant and tonic. It modifies the action of the nerves and the current of the circulation. When applied in a particular manner, and under given conditions, it calms and diminishes agitation. As an agent for coercion, it is also stated to be capable of rendering great service. The douche, the strait-waistcoat, against which such serious objections lie, may be replaced by electricity, against the use of which no such inconveniences are urged. Dr. Teilleux gives an interesting account of the different physiological effects produced by electricity in various forms of mental alienation. Persons affected with mental imbecility seem usually to be more accessible to the remedy. and manifest a greater sensibility to the electric spark or the voltaic current than those who were almost or altogether idiotic. In vain was the mode of administering the fluid varied with different patients: the same results were always arrived at. Analgesia almost complete, and even sometimes radical insensibility, was exhibited in patients who, being completely unintelligent and placed at the lowest point in the scale of cerebral organization, seemed not to possess the instinct of personality, and ate simply because they were made to eat. ception of sensible impressions which takes place by a special receptive forcibly of the encephalon could not be performed in them. however, far otherwise with the patients who, from their cerebral fac-

ulties, having preserved a certain integrity, could attain to a conception of ideas, enjoyed the power of speech, and in addition to mere instinct, possessed also emotions, sentiments, etc. In such cases, electricity produced sensations of a more lively and intense character, and developed often sensibilities analogous almost to those excited in a healthy man. Muscular contractility was not developed according to the same law. Its manifestation appeared to be always in direct proportion to the electric discharge, or the voltaic current, whatever was the nature of the malady, or whatever the degree of mental alienation affected the patient. Whether he were afflicted with feebleness of mind, imbecility, idiocy, or brutism, even the contraction of the muscular fibres underwent no sort of change from the mental state of the individual experimented upon. These very important and interesting experiments will well repay further investigation. It is indeed surprising that among the humorous and varied applications of electricity which have recently been made, that discussed with so much ability by Dr. Teilleux should have been so long neglected.

The Effects of Nitro-Benzine. By Dr. Casper, of Berlin.-This author has recorded several facts relative to this new poison which hitherto has only been employed in the arts, and especially by perfumers, in the manufacture of soaps, pomades, etc., because of its strong edor of bitter almonds. It is a limpid gold-yellow liquid, of an agreeable taste, and was discovered in 1834, by E. Milscherlich, in mixing small quantities of benzine with hot hydrochloric acid. An ounce of nitro-benzine was given, by successive doses, to a rabbit. and a half after the ingestion of the last dose, the animal suddenly turned over upon the left side, its pupils expanded, its tail and extremities were seized with convulsive movements, and at the end of a minute it was dead. The same dose produced in a dog profound stupor, with a retardation of respiration, and a lowering of the temperature of the What is chiefly remarkable is the extreme intensity of the odor of bitter almonds, which was exhaled after the opening of the cadaver, which at the end of fourteen days had scarcely lost any of its force. Numerous experiments will be necessary to establish the toxical properties of nitro-benzine. But it is already sufficiently evident that the existence of a strong and penetrating odor of bitter almonds in a cadaver should not cause the death to be attributed exclusively to hydrocyanic acid. Indeed, if the body retains this odor several days after death, it might be necessary in doubtful cases to infer the ingestion of nitro-benzine rather than poisoning by hydrocyanic acid, for

this acid evaporates with extreme rapidity.—Casper's Wertelgahres-schrift, 1859, and L'Union Médicale.

New Means of Provoking Premature Labor.—Professor Ch. Brown proposes to use for this purpose a bougie of cat-gut one foot long and from two to three lines thick. To avoid the danger of wounding the membranes, half an inch of the anterior extremity of the cord is soaked in hot water. Being well oiled, it is passed along the index finger as a guide, and is introduced with a rotatory movement, deeply into the uterus, so that only about one and a quarter or one and a half inches remain outside of the os. Being left there, it determines uterine contractions in six to twenty hours, and is not removed till just before the rupture of the membranes. An elastic, fine, flexible bougie, furnished with a thin mandrel, will answer the same purpose, but its application is more difficult when the axis of the womb is deranged. Premature labor has been twelve hours endured by this means. No patient suffered any trouble from it. Four died of non-puerperal maladies: one of pneumonia, one of tubercles, and two of Bright's disease. Eleven children were born alive, and five were dead .- Wiener Med. Wochenschr.

# SELECTIONS.

#### THE USE AND ABUSE OF TOBACCO.

[We would call especial attention to the following letter from Sir Benjamin Brodie. The long and extensive experience and mature judgment of the writer entitle his opinions to the greatest weight.]

"SIR—Having been applied to some time since to join in a petition to the House of Commons that they would appoint a committee to inquire into the effects produced by the prevailing habit of tobacco smoking, I declined to do so; first, because it did not appear to me that such a committee would be very competent to discuss a question of this kind; and, secondly, because, even if they were so, I did not see that it would be possible for Parliament to follow up by any act of legislation the conclusions at which they might have arrived. Nevertheless, I am ready to admit that the subject is one of no trifling importance, and well worthy the serious consideration of any one who takes an interest in the present and future well-being of society. From these considerations it is that I now venture to address to you the following observations.

"The empyreumatic oil of tobacco is produced by distillation of that herb at a temperature above that of boiling water. One or two drops of this oil (according to the size of the animal) placed on the tongue will kill a cat in the course of a few minutes. A certain quantity of the oil must be always circulating in the blood of an habitual smoker, and we cannot suppose that the effects of it upon the system can be merely negative. Still, I am not prepared to subscribe to the opinion of those who hold that under all circumstances, and to however moderate an extent it be practiced, the smoking of tobacco is prejudicial. The first effect of it is to soothe and tranquillize the nervous system. It allays the pains of hunger, and relieves the uneasy feelings produced by mental and bodily exhaustion. To the soldier who has passed the night in the trenches before a beleaguered town, with only a distant prospect of breakfast when the morning has arrived; to the sailor, contending with the elements in a storm; to the laborer, after a hard day's work; to the traveler in an uncultivated region, with an insufficient supply of food, the use of a cigar or a tobacco-pipe may be not only a grateful indulgence, but really beneficial. But the occasional use of it under such circumstances is a very different matter from the habit of constant smoking which prevails in certain classes of society at the present day.

"The effects of this habit are, indeed, various, the difference depending on difference of constitution, and difference in the mode of life otherwise. But, from the best observations which I have been able to make on the subject, I am led to believe that there are very few who do not suffer harm from it, to a greater or less extent. liest symptoms are manifested in the derangement of the nervous sys-A large proportion of habitual smokers are rendered lazy and listless, indisposed to bodily, and incapable of much mental exertion. Others suffer from depression of the spirits, amounting to hypochondriasis, which smoking relieves for a time, though it aggravates the evil afterwards. Occasionally there is a general nervous excitability, which, though very much less in degree, partakes of the nature of the delirium tremens of drunkards. I have known many individuals to suffer from severe nervous pains, sometimes in one, sometimes in another part of the body. Almost the worst case of neuralgia that ever came under my observation was that of a gentleman who consulted the late Dr. Bright and myself. The pains were universal, and never absent; but during the night they were especially intense, so as almost wholly to prevent sleep. Neither the patient himself nor his medical attendant had any doubts that the disease was to be attributed to his former habit of smoking, on the discontinuance of which he slowly and gradually recovered. An eminent surgeon, who has a great experience in ophthalmic diseases, believes that, in some instances, he has been able to trace blindness from amaurosis to excess in tobacco smoking; the connection of the two being pretty well established in one case by the fact that, on the practice being left off, the sight of the patient was gradually restored. It would be easy for me to refer to other symptoms indicating deficient power of the nervous system to which smokers are liable; but it is unnecessary for me to do so; and, indeed, there are some which I would rather leave them to imagine for themselves than undertake the description of them myself in writing.

"But the ill effects of tobacco are not confined to the nervous sys-In many instances there is a loss of the healthy appetite for food, the imperfect state of the digestion being soon rendered manifest by the loss of flesh and the sallow countenance. It is difficult to say what other diseases may not follow the imperfect assimilation of food continued during a long period of time. So many causes are in operation in the human body which may tend in a greater or less degree to the production of organic changes in it, that it is only in some instances we can venture to pronounce as to the precise manner in which a disease that proves mortal has originated. From cases, however, which have fallen under my own observation, and from a consideration of all the circumstances, I cannot entertain a doubt that, if we could obtain accurate statistics on the subject, we should find that the value of life in inveterate smokers is considerably below the average. Nor is this opinion in any degree contradicted by the fact that there are individuals who in spite of the inhalation of tobacco smoke live to be old, and without any material derangement of the health; analogous exceptions to the general rule being met with in the case of those who have indulged too freely in the use of spirituous and fermented liquors.

"In the early part of the present century tobacco smoking was almost wholly confined to what are commonly called the lower grades of society. It was only every now and then that any one who wished to be considered as a gentleman was addicted to it. But since the war on the Spanish Peninsula, and the consequent substitution of the cigar for the tobacco-pipe, the case has been entirely altered. The greatest smokers at the present time are to be found, not among those who live by their bodily labor, but among those who are more advantageously

situated, who have better opportunities of education, and of whom we have a right to expect that they should constitute the most intelligent and thoughtful members of the community. Nor is the practice confined to grown-up men. Boys, even at the best schools, get the habit of smoking, because they think it manly and fashionable to do so; not unfrequently because they have the example set them by their tutors, and partly because there is no friendly voice to warn them as to the special ill consequences to which it may give rise where the process of growth is not yet completed, and the organs are not yet fully developed.

"The foregoing observations relate to the habit of smoking as it exists among us at the present time. But a still graver question remains to be considered. What will be the result if this habit is continued by future generations? It is but too true that the sins of the fathers are visited upon their children and their children's children. We may here take warning from the fate of the red Indians of America. An intelligent American physician gives the following explanation of the gradual extinction of this remarkable people: One generation of them become addicted to the use of the firewater. They have a degenerate and comparatively imbecile progeny, who indulge in the same vicious habit with their parents. Their progeny is still more degenerate, and after a very few generations the race ceases altogether. We may also take warning from the history of another nation, who some few centuries ago, while following the banners of Solyman the Magnificent, were the terror of Christendom, but who since then, having become more addicted to tobacco smoking than any of the European nations, are now the lazy and lethargic Turks. held in contempt by all civilized communities.

"In thus placing together the consequences of intemperance in the use of alcohol and that in the use of tobacco, I should be sorry to be misunderstood as regarding these two kinds of intemperance to be in an equal degree pernicious and degrading.

"The inveterate tobacco-smoker may be stupid and lazy, and the habit to which he is addicted may gradually tend to shorten his life and deteriorate his offspring, but the dram-drinker is quarrelsome, mischievous, and often criminal. It is under the influence of gin that the burglar and the murderer become fitted for the task which they have undertaken. The best thing that can be said for dram-drinking is, that it induces disease, which carries the poor wretch prematurely to the grave, and rids the world of the nuisance. But, unfortunately, in

this, as in many other cases, what is wanting in quality is made up in quantity. There are checks on one of these evil habits which there are not on the other. The dram-drinker, or to use a more general term, the drunkard, is held to be a noxious animal. He is an outcast from all decent society, while there is no such exclusion for the most assiduous smoker.

"The comparison of the effects of tobacco with those of alcohol leads to the consideration of a much wider question than that with which In all ages of which we have any record, mankind have been in the habit of resorting to the use of certain vegetable productions, not as contributing to nourishment, but on account of their having some peculiar influence as stimulants or sedatives (or in some other way) on the nervous system. Tobacco, alcohol, the Indian hemp. the kava of the South Sea Islanders, the Paraguay tea, coffee, and even tea, belong to this category. A disposition so universal may almost be regarded as an instinct, and there is sufficient reason to believe that, within certain limits, the indulgence of the instinct is use-But we must not abuse our instincts. This is one of the most important rules which man, as a responsible being, both for his own sake, and for that of others, is bound to observe. Even such moderate agents as tea and coffee, taken in excess, are prejudicial. more so are tobacco and alcohol, tending, as they do, not only to the degradation of the individual, but to that of future generations of our species.

"If tobacco-smokers would limit themselves to the occasional indulgence of their appetite, they would do little harm either to themselves or others; but there is always danger that a sensual habit once begun may be carried to excess, and that danger is never so great as in the case of those who are not compelled by the necessities of their situation to be actively employed. For such persons the prudent course is to abstain from smoking altogether.

"Trusting that you and your readers will excuse me for having occupied so large a space in your columns,

"I am, Sir, your obedient servant, B. C. Brodie."
"August 27.

—Medical Times and Gazette.

Eugene A. Groux, whose congenital fissure of the sternum excited so much interest in this place and throughout the country, an account of which we gave last year, has received the honorary degree of M.D. from Dartmouth College.

#### A PLEA FOR TOBACCO!

Tobacco Vindicated. An Address delivered before the Medical Society of the University of Nashville.

By JEROME COCHRAN,

Student of Medicine in the University of Nashville.

One would imagine, Mr. President, from the denunciations that have been heaped upon tobacco by gentlemen who advocate the affirmative of the question now before the Society, that it was one of those tremendous poisons (like that "juice of the cursed Hebenon," which, "through the portals of his ears," carried the message of death to the heart of Royal Denmark,)

"Whose effect

Holds such an enmity with the blood of man That, swift as quicksilver it courses through The natural gates and alleys of the body, And with sudden vigor it doth posset And curd, like eager droppings into milk, The thin and wholesome blood."

But, sir, as Sir William Draper saith in his letters to Junius, "Observe how plain a tale shall put them down and transfer the blush to their own cheeks."

In the beginning it is important to understand the question in de-It is somewhat indefinitely stated, and for that reason it is the more necessary to inquire carefully into its meaning. "Is the use of tobacco as a luxury, injurious?" There are some points here that require explication. Are we permitted to make any distinction between the use of tobacco and its abuse? I think it is certainly a legitimate What we desire to know is whether the characteristic action of tobacco in ordinary quantities, and under ordinary circumstances, is injurious to the human system? Not whether it may occasionally damage a man's constitution when consumed in very large amounts; for we are free to admit that in certain exceptional constitutions it may, peradventure, exert a malignant influence. And so, indeed, may beef and bread, mercury and opium, every aliment endorsed by the commissary department, every medicament admitted into the pharmacopæia. Do the enemies of the weed desire to prove that occasionally-sometimes in the course of human events-evil results follow its use? or do they insist, merely, that the aggregate amount of its evil effects exceeds the aggregate amount of its good effects—that it is injurious and not beneficial, not occasionally and accidentally, but on the whole, and as a normal result of its unfitness for human consumption? If they insist on the former construction, that the question only contemplates injury as an occasional and accidental consequence of the use of tobacco, then I have nothing more to say, but will save them the trouble of argument by conceding the point. But if they believe that as a general thing, in the majority of cases, as the natural law of its action, as a consequence of its inherent antagonism to the prosperity of the bodies and minds of men and women, it is, on the whole, injurious and not beneficial, then we are ready to meet the issue; and we think we shall be able to show that the facts in the case abundantly sustain the negative. Nous verrons.

I take the position, Mr. President, that man's natural instinctsthat man's inherent appetites are true and reliable guides to indicate to him what articles are best calculated to nourish and sustain his physical system—that these instincts and appetites are indeed given him by the Creator for that express purpose, and that their dictates are always to be respected—always to be obeyed. The infant craves nothing but its mother's milk, and chemistry shows that its mother's milk contains all the elements necessary for its growth and develop-For many centuries the laborers of Europe and America have made bacon and cabbage staple articles of daily diet. For a long time dietetic writers contended that these were exceedingly bad articles of food, because they are known to be difficult of digestion. the stalwart peasant, in obedience to his irrepressible animal appetite. and in defiance of hygienic philosophy, hung on to his bacon and cabbage, continued to grow fat and strong, and, strange to tell, remained in blissful ignorance of dyspepsia and its concomitant evils; until at last Liebig demonstrated that precisely, because bacon and cabbage are difficult of digestion-they are well adapted to the dietetic wants of the laborer; and so the presumption of science was rebuked and the sovereign authority of the human appetite amply vindicated.

In like manner were tea and coffee vilified and denounced, and declared unfit for the consumption of civilized human beings. But here, again, man, in obedience to the inappeasable cravings of his nature—in obedience to the appetites implanted in him by the Creator—neglected the warnings of science; and here, again, profounder researches have shown that science was wrong and the human appetites right.

About five millions of acres of land are employed in the cultivation of tea; the annual product is about three thousand millions of pounds; it is used as a common beverage amongst five hundred millions of men

-one-half of the entire population of the globe. Of coffee the annual consumption in Great Britain is thirty-five millions of pounds; in Europe two hundred millions of pounds; in the world six hundred millions of pounds. It is a common beverage amongst one hundred millions of people. Should not science, in view of facts and figures such as these, have been slow to fulminate her anathemas against tea and coffee? In view of the enormous quantities of these articles annually consumed—in view of the enormous sums of money annually expended for them-in view of the millions of human beings practically endorsing them to be good for man, should not science have been more modest in her denunciations-more circumspect in pronouncing sentence of condemnation against them? And, sir, if any embryo philosopher here would decide against the use of tobacco from scientific considerations, let him take warning from the examples I have adduced. Let him remember how bacon and cabbage—how coffee and tea were improperly condemned, and beware! Some future Liebig, armed with the resources of a profounder science, will inevitably show that the torrents of invective, the fiery floods of sophomore declamation which have been hurled against tobacco, are in like manner premature and unjust.

Now, sir, what are the facts—what is the testimony of statistics with reference to tobacco? About six millions of acres of land are employed for its cultivation; the annual production in the United States is two hundred millions of pounds; in the world five thousand millions of pounds. It is in common use amongst eight hundred millions, out of the ten hundred millions of human beings that constitute the population of this sublunary globe. These quantities are so enormous that the most powerful imagination cannot adequately comprehend their magnitude.

And, sir, it is to be remembered that the use of tobacco is not a relic of the dark ages—is not a habit inherited by civilized humanity from barbarian ancestors. Not at all, sir! The ancients knew nothing of the weed; the middle ages never dreamed of any such indulgence. It is a product of modern civilization, of modern industry, of modern commerce. Its use has been concurrent with the three most splendid centuries that this world's history has yet known. In the year of grace one thousand four hundred and ninety-two, "the world-seeking Genoese" found the Cuban chiefs smoking cigars under their own vine and fig-tree, with none to molest them or make them afraid. And, sir, in the year of grace one thousand four hundred and

ninety-two, our dear mother earth—the beautiful Terra of the solar system—was no baby. Neither was she a superannuated grandame.

The grandeur of Egypt, Assyria, Persia, Greece, Rome-of all the infinite hosts of antiquarian humanity, had sunk into the lethe of oblivion, or grown fabulous on the page of history, and Christianity was triumphant from one extremity of Europe to the other, when the great plant was first introduced to the inhabitants of the Eastern continent. Since then it has gone forth conquering and to conquer. before in the world's history had any article of human consumption to encounter an opposition so formidable, so persistent, so universal. cultivation in Great Britain was prohibited by an act of Parliament; King James wrote a book against it: it was denounced from all the pulpits in Europe; the Pope hurled against it the thunders of excommunication; Mohammedan Caliphs declared its use to be an offence against the religion of the Prophet; the Russian Czar decreed that every living human being in his dominions who was seduced into its allegiance should be submitted to the potent persuasion of the knout; and that if any man had the presumption to resist that argument the penalty of death should be the reward of his temerity. But the divine weed was not to be crushed by the impotent fury of kings and priests. English statutes, Vatican bulls, Russian ukases, and Mohammedan armans, were all alike ineffectual against it. It responded to a profound want of human nature; it gratified instincts and appetites in man that were intermingled with the aboriginal foundations of his being. The world was ready for it; the world needed it; and because the world did need it, it received such a welcome as was never accorded to any other production of nature. In a few years after its discovery, it was adopted as a standard indulgence by four-fifths of the inhabitants of the globe. Degrees of latitude and longitude; degrees of civilization and barbarism; oceans and continents; races and religions; poverty and wealth-all these have been arrayed against it. Humanity thirsted for it, as But in vain. Man's nature craved it. And hence it was that the hunted hart thirsts for the water-brook. one universal shout of gratulation—one long jubilee of rejoicing, welcomed its advent into the world.

It behooves us to inquire, Mr. President, whether, since its discovery, its influence has been for good or evil; whether, since its consumption has become almost universal, the energy of the human race—physical, mental, moral—has suffered diminution; whether the progressive momentum of the nation has been checked; whether universal human-

ity has suffered any signal humiliation—any pariah degradation fairly traceable to its influence. Call the last three hundred years into the witness-box and let them testify. Never before, sir, were the hands of man so busy-never before were man's achievements so brilliant. The last three hundred years—the world's tobacco period—have given as Shakspeare, Milton, Goethe, Bacon, Descartes, Newton, Hamilton, Comte: the Inductive Philosophy, the Lutheran Reformation, the French Revolution, the American Republic: the steam-engine, the pile of Volta, the power loom, the electric telegraph. All this has been accomplished under the influence of tobacco; all this has been achieved since tobacco took possession of the world. How then, sir, is it possible to believe that tobacco is deleterious to the human race? How then, sir, is it possible to believe that tobacco weakens the bodies, paralyzes the intellects, and vitiates the morals of men and women? I tell you, sir, the accusation is not true. No sane man with all the facts before him can possibly believe it. Have all the people in the world conspired to tell a falsehood? There is an old maxim that the voice of the people is the voice of God. If this is so. is the united testimony of eight hundred millions of human beings to go for nothing? Is it reasonable to suppose, that in a world like this. six millions of acres of land would be devoted to the production of an article calculated to injure mankind physically, mentally, and morally? -that two hundred and fifty millions of dollars are annually squandered in an indulgence that is worse than worthless?—that sensible men and women would consume every year five thousand millions of pounds of unadulterated poison? The thing is incredible—an insult to mankind's common sense.

And now, Mr. President, the sum and substance of my argument is this: That man's natural instincts are always trustworthy—always to be respected—always to be obeyed; that they are given him by the Creator for the express purpose of enabling him to select from the infinite productions of nature what is good for his physical, mental, and moral prosperity; and that their authority is sovereign, their decisions supreme and final. That with reference to tobacco universal humanity, under the guidance of these sovereign and infallible instincts and appetites, has, with a unanimous voice, practically—by using the weed, by devoting millions of acres to its cultivation, by expending millions of dollars in its purchase—decided in its favor; and that this decision is necessarily final. That as bacon and cabbage, as tea and coffee, were all in turn pronounced by dietetic writers to be unfit for

haman use, and all in the end vindicated by a profounder science, and the appetites that led to these shown to be reliable and veracious; so also it is to be presumed that the extensive consumption of tobacco, which reposes on the same substratum of human appetites, will eventually be understood and justified by science. That as the appetite of the infant for its mother's milk is sufficient to demonstrate that milk is beneficial for babies; as the appetite of the laborer is sufficient to vindicate the dietetic value of bacon and cabbage; as the appetite of the tiger for the flesh of animals sufficiently proves that animal flesh is suited to the nourishment of tigers; so the appetites of eight hundred millions of human beings is sufficient to demonstrate that tobacco is a beneficent product of nature—a good thing for the use of intelligent men and women. Quod erat demonstrandum.—Nashville Medical and Surgical Journal.

#### BOYLSTON MEDICAL PRIZE QUESTIONS.

At the annual meeting of the Boylston Medical Committee, on the 1st of August of this year, a premium of ninety dollars, or a gold medal of that value, was awarded to John Bell, M.D., of New York, for the best dissertation on the question:

How far does the Microscope assist us in Surgical Diagnosis?

The other premium, of the same value, was awarded to David W. Cheever, M.D., of Boston, for the best dissertation on the question:

The value and the fallacy of Statistics in the observation of Disease.

The following questions are proposed for 1861:

- 1. Excision of Joints.
- 2. Diagnosis and Treatment of Chronic Pleurisy.

Dissertations on these subjects must be transmitted, post paid, to Edward Reynolds, M.D., on or before the first Wednesday of April, 1861.

The following are the questions proposed for 1862:

- 1. How far does the Microscope assist us in Surgical Diagnosis?
- 2. On Nausea and Vomiting, as symptoms, under what circumstances do they occur, and what indications do they afford as to the seat and character of disease?

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1862.

The author of the best dissertation considered worthy of a prize, on either of the subjects for 1861 and for 1862, will be entitled to a premium of sixty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be inclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

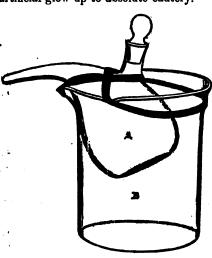
It will be perceived that the question "How far does the Microscope assist us in Surgical Diagnosis?" has again been proposed for 1862. The successful essay for the present year displays, it is stated, considerable ability, but the question is of so much importance that it was considered to be worthy of still further investigation.—Medical News and Library.

From the American Medical Mouthly.

A New Instrument for the Novel Application of Anæsthetic and Stimulating Vapors for Deafness, Neuralgia, &c.

By H. P. DEWEES, M.D., New York.

Dr. Douglas: Dear Sir—In reply to your note respecting my instrument for etherization and vaporization in certain diseases of the ear, I will furnish you with a drawing of its arrangement, and a description of its use, as employed by me not only in aural disorders, but also in neuralgia requiring local anæsthesia, and some diseases of the spinal column in which topical irritation is called for, varying from an artificial glow up to absolute cautery.



The instrument originally used by me during the last fourteen years is still in my possession; but from the inconvenience and imperfectness attending vaporization by the heat of the hand, or by holding it in warm water. I have laid it aside, and have contrived the one to which you refer. This in. strument (see cut) consists of a delicate Bohemian glass retort, with a nozzle projecting an inch and a half, perforated by a capillary aperture. The supply-tube of the retort rises about an inch above the level of the curved neck, thus allowing greater freedom in pouring in the fluid to be evaporated. A cork stopper, with an elastic cap or holder to prevent its expulsion, or a ground-glass capillary tube stopper, closes this entrance, the one or the other to be used according to circumstances of application. The retort, when charged with the fluid to be evaporated, is then lodged within a hard glass receiver, three inches high, having its rim lipped deep enough to embrace the projecting nozzle of the retort, thus affording greater steadiness, besides serving as a catch for the elastic band retaining the nozzle in its projection. Small nipple-like catches are studded on the opposing centres of the rim of the receiver, to afford resisting points for the elastic back band which passes from under the posterior rim across the front of the supply-tube. By these two elastic bands, the mobility of action is fully commanded in the projecting nozzle.

The mode of using this simple but astonishingly effective little instrument requires but little practice to regulate it to the necessities of the case. About two drachms of ether are to be poured into the retort when secured in the receiver. The stopper should be firmly fastened, and the finger can be readily placed over the nozzle aperture during or after the introduction of the warm water or sand into the receiver. A rushing or blowing sound of the escaping vapor or gas immediately ensues through the aperture, if uncovered. The nozzle is then introduced within the auricle, and a little experience will soon teach the time and proper distance (from the drum) of the application. Moderately warm water will only be required for sulphuric ether; the degree of heat to be varied according to the specific gravity of the evaporable fluid, and according as a slow or rapid disengagement is needed.

Besides its use in etherization of the ear, this little instrument affords in neuralgia the most elegant mode for the application of local anæsthesia; the constant current from the evaporating ether, chloroform, &c., being readily applied directly to the suffering part, and made to follow the course of the painful nerve. When it is wished to apply the anæsthetic locally, I use a ring of adhesive plaster or of kid, to prevent the diffusion of the vapor over the surrounding parts. A common pill-box, perforated to admit the nozzle of the instrument, and applied over the part, also answers well. In inhalation, or in etherization, through the Eustachian tube, the capillary glass stopper will

be found preferable, as it admits a sufficient admixture of air, as well as an outward communication for breathing.

In certain spinal or nervous disorders, this instrument affords a most ready and exclusive mode of applying heat, which can be made to vary from a simple glow to the moxa or absolute cautery. This is effected by igniting the jet as it passes through the capillary tube of the nozzle, the amount or force being regulated by the evaporizing temperature employed, and the distance from the part. The circular protections above mentioned are useful when the moxa is required.

In some of the diseases of the ear, where, besides the anæsthesia to the inner nervous distributions, a local stimulant or irritant to the drum or the auricle is wanted, this instrument offers a ready method of effecting the desired end, viz., by adding to the ether, or other fluid, a volatile stimulant, as for instance, the Ess. ol. sinapis, diluted. No practitioner should be without one, from the extensive capacity of the varied adaptability of the instrument. In diseases of the ear or in neuralgia, it can safely be intrusted to a patient for self-application. Many volatile substances can be directly applied through its agency.

In closing this note, I will state that Messrs. J. F. Luhme & Co., No 556 Broadway, are the sole manufacturers of this instrument, and, I believe, at the price of \$1.00.

791 Broadway, N. Y., Sept. 17, 1860.

#### DEGREE OF C. M.

The St. Louis Journal objects to the new degree of Master in Chirurgery established in Edinburgh, and says that M.D. covers the whole ground, and is therefore preferable. He is mistaken! M.D. in Europe does not cover the whole ground. To be an M.D., one requires less Anatomy, less Surgery, less practical Surgery, and less practical Anatomy than a Surgeon. On the other hand, the Surgeon requires no Classics, no Natural History, Pathology or Botany, and less Medicine, Clinical Medicine, Midwifery, and Hospital attendance. The Surgeon studies but three years; the M.D four, five, or even seven, before he can graduate. Not one in 30 (40 perhaps) of the practitioners of England is an M.D. The rest are merely Surgeons or Apothecaries, neither of which are Academic Degrees. The object of the degree of C.M. is to open up a place for the surgeon in the Universities, and thus give the mass University privileges .- Nashville Med. and Surg. Journ.

# Science Meuralgia Instantly Gured by Cauterisation of the Ear. Translated from the French for the Medical Press by F. H. H.

Madame A., aged forty-six, of an excellent constitution, was taken, twelve years since, with an acute pain in the second toe of the right foot, which soon extended to the leg, to the thigh, to the trochanteric region, and lastly to the sacral region; since that time Madame A. has had no cessation of suffering. Many physicians had bestowed their cares upon her during that time, but none of their treatments had succeeded even to solace momentarily.

A year since I was consulted by Madame A., who complained of an insupportable pain through the whole length of the sciatic nerve, the popliteal, and the musculo-cutaneous branch, heaviness of the arm, and buzzing in the ear of the same side. In indicating to me the direction that the pain took, she traced the exact course of the nerves to the second external branch of the internal and superficial branch to the dorsum of the foot, which is a division of the musculo-cutaneous branch, and which ramifies on the external side of the second toe, and internal side of the third.

Madame A. complained that she was not able to attend to her daily duties. She walked with great difficulty, much pain, and could not do so without leaning to the side opposite to the neuralgia, and limping somewhat; she had never been able to join her hands above her head. Once reclined or seated, it was with the greatest difficulty that Madame A. could raise herself; the same trouble was experienced in lying down. Besides, it was impossible for her to raise herself when down with anything weighty in her hands. The preparations of colchicum, frictions, cups; the application of a salt of morphis upon large denuded surfaces, were counseled by myself, not only without success, but without even any relief.

About a month since, I returned to the blisters, hoping to obtain some moments of respite from such cruel suffering, but the result was as negative as the first time. It was then I decided, in the presence and by the aid of Dr. Delery, to practice the cauterization of the ear.

The patient lying down on her left side, we applied upon the anterior part of the helix, at its entrance into the concha, a fragment of a female sound, having hollowed the end to rest against that portion of the ear. We introduced rapidly into this tube a small pointed cautery, with a double edge, and heated to a white heat. The described portion of the helix was divided almost the thickness of its cartilage. The patient experienced an acute pain, accompanied with a vibratory

motion in the interior of the ear. Five minutes after the operation, we desired Madame A. to raise herself and walk in the apartment. To her great surprise, she executed nimbly, and without assistance, movements which she had been unable to perform for many years. She could lower and raise herself without experiencing the least inconvenience, except a slight numbness of the second toe.

To-day, the eighth day after the canterization, the pain is not in the least degree reproduced. Madame A. has been able, to her great satisfaction, to join her hands above her head, go to Mass without limping, walking as straight, in spite of her obesity, as when young.

Madame A. told us, also, that through the whole duration of her sickness, she had experienced a fullness of the stomach, which rendered respiration painful. All have disappeared; sciatic pains, heaviness of the arm, buzzing of the ear, swelling of the stomach. There only remains of the neuralgia, the sensibility of the second toe.

This case is doubly interesting with regard to the duration of the sciatica, and the rapidity of its cure. We do not hesitate to place it in the first category of M. Malgaine, that is to say, in the first rank of complete and instantaneous cures.

M. Martin Lauzer, who, I believe, was the first who introduced this new method of treatment into the medical practice, counsels the cauterization of the ear, in neuralgia of the fifth pair, so rebellious to all known means, even moxas.

It would appear that the car is not at all the definite point of election, for, in 1847, Mr. Robert, practitioner in the Beaujone Hospital, performed a cauterization upon the dorsal surface of the foot, for a sciatic neuralgia of six years' standing, and cured it perfectly.

Another case of inguinal and sciatic neuralgia was cured by the same method.

A last consideration, which is not wanting in importance to the practitioner and should fix our attention, is, that we see M. Duihenne, of Boulogne, produce the same effects by a procedure of galvano-cutaneous excitation, which, by the pain it produces, rivals the auricular cauterization.

H. RANCE.

Dr. Usher Parsons, of R. I., a surgeon of the war of 1812, and a relative of Commodore Perry, was present and made a speech at the nauguration of the Perry Monument near Cleveland, Ohio, on the 10th September.

# Instantaneous Cure of Sciatio Neuralgia by Cauterizing the Lobe of the Ear.

By Jos. HAINE, M.D., of San Francisco.

Such was the title of an article which I read in the Courrier des Etats-Unis, in 1850. The modus operandi was to take an ordinary probe, make the head red hot, and apply it for a second to the posterior part of the lobe of the ear, on the same side where the neuralgia was existing, and its instantaneous cure was obtained. As well as I recollect, this method has been used by the Seytes, revived lately, and several cases had been cured in the presence of members of the Academy of Medicine in Paris.

Having at this time no medical periodicals on hand, and finding this most extraordinary cure in a public newspaper, I did not pay any attention to it, and viewed it as a canard.

A few months afterwards, a Belgian sailor consulted me for a sciatic neuralgia, which had forced him to come down from the mines, as unable to work. I employed, for about three weeks, several remedies used in those cases, but all to no avail. The patient had to walk supported by two crutches, and even with their assistance that motion was attended with much pain. The non-success of my different attempts to cure the sufferer put me out of patience, and I resolved to try the experiment of the cauterization of the ear.

I informed the patient of my intention, and told him that it was a trial in which I had hardly any confidence; the poor fellow had suffered so much and for so long a period, that he would submit to anything; consequently, I cauterized the posterior part of the lobe of his ear with the red-hot probe. My anxiety to know what would be the result of the trial was perhaps as great as that of the patient, and I was not a little astonished, when, after a few minutes, he cried out, "Doctor, my pain is gone!" Immediately after that, he moved his leg, slowly at first, then quickly, and finally danced. The next thing was to take his pair of crutches and throw them out of the window, crying out, "I don't want those blessed things any more." I thought he was going mad from joy; my astonishment was great also, and I could hardly believe this evidence of my own senses; a quarter of an hour afterwards the ex-patient quitted my office as lively and as satisfied as possible.

The first inquiry I made to myself was, what direct connection can there be between the posterior part of the lobe of the ear and the sciatic nerve? I could find none but the general connection of the whole frame, and had to give up the explanation of the instantaneous cure. The only satisfaction that I had, was to say, poster hoc, ergo proples hoc.

Five or six days after this, my patient came to my office, leaning this time on two sticks, (his crutches were gone,) as stiff, and suffering as much as before the cauterization. My confidence in the extraordinary cure immediately faded away, but the patient explained to me what he thought was the cause of the failure. He felt so satisfied and so jolly after his cure, that he went on a spree with some of his friends; the next morning he found himself in a gutter, and could not move; finally he was taken to his lodgings, and had to remain in bed all the time, suffering more than ever. After some remoustrance against his misconduct, I made a second trial of the cauterization, which succeeded again, and three mouths afterwards, when I new the ex-patient for the last time, he felt perfectly well.

In 1852, an American came into my office on two crutches, suffering intensely with a sciatic neuralgia of six months' standing. I used immediately the cauterization; in less than two minutes the patient walked freely, he took his crutches under his arm, looked at me and ran away. Probably he took me for a necromancer. I never saw him after that.

In November, 1853. Mrs. P. consulted me for a cancerous breast. which I advised her to have removed. She concluded to go to England, her native country, and finish her days among her family, rather than to undergo the chances of a doubtful operation in a strange country. Having bought her ticket for the next steamer, she prepared to leave San Francisco in a few days. For a few weeks she had also suffered dreadfully with sciatic neuralgia, which for several days had become so intensely painful that she had not been able to be removed from her bed. Fearing that she would become quite helpless and in a very miserable condition on board a steamer, among strangers, she sold her ticket, and I was called for at 10 o'clock. Her pains were excruciating; she was sitting on a sofa, unable to move. posed the cauterization, she acceded, and it was immediately applied; a few minutes afterwards Mrs. P. cried out, "Doctor, I think my pain is gone!" I engaged her to try to move her leg; she tried, and moved it without pain. Her joy was so great that she began to cry; her husband, who was sitting near her, could not help laughing like a madman. I a few moments afterwards Mrs. P. walked freely in her room without the least pain, went to bed and slept soundly. Three days

later Mrs. P. complained of a new pain, which this time was in the anterior part of the thigh, the leg and the foot, while before the cauterization, the pain was rending in the posterior part of the limb and the bottom of the foot. I performed a second cauterization on the anterior part of the lobe of the ear, and immediately the pain was removed, and the free motion of the leg obtained.

Since 1852 I have never met with another case of sciatic neuralgia, and, in consequence, I have been unable to extend my observations on the cauterization any further.

The reason why I publish this article at so long a period after its eccurrence, is to attract the attention of the medical profession to this subject, which, on account of its seeming ridiculousness, has not received a due consideration.—San Francisco Med. Press.

From the St. Louis Medical and Surgical Journal.

#### Interlopers in the Regular Profession of Medicine.

"Envy, to which the ignoble mind's a slave, Is emulation in the learned or brave."

The liberal physician, in the spirit of true dignity, rises above petty strife, and the bitterness of enemies, or the desertion of false friends. There is no smouldering selfishness in his bosom, but a heart full of love for suffering humanity, which feels as intensely for the poor as for the rich!

But the "interloping empiric" resorts to "crooked devices and low arts," from a fraudulent desire to further his own sefish ends. Filthy lucre is his God, and like Prometheus of old, he will steal fire from Heaven, in order to win upon the credulity of a confiding wealthy patient, or influential friends!!

It is right and proper that every physician should labor to gain the confidence of his patients and their friends; but this effort should not be made at the sacrifice of proper self-respect, nor professional honor.

"In their relations with the sick, physicians are bound, by every consideration of duty, to exercise the greatest kindness with the greatest circumspection. * * * * * * They should study, also, in their deportment, so to unite tenderness with firmness, and condescension with authority, as to inspire the minds of their patients with gratitude, respect and confidence." But they should not manifest to infuential families a contemptible cringing and truckling spirit, in order to gain practice!!

"Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease,—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives."

It is degrading in a physician "to magnify the importance of his services in the treatment or cure of the disease."

"Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice."

If Dr. A., while attending a patient, should find it necessary to turn over the case to Dr. B., the latter should act with great circumspection; "no disingenuous hints" should be cast to prejudice the patient or his friends against Dr. A.; "nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in" Dr. A. "No unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued." But, on the contrary, Dr. A's conduct "should be justified as far as candor, and a regard for truth and probity, will permit."

I have thus embodied briefly some of the leading rules adopted by the American Medical Association in their Code of Medical Ethics. These principles and regulations are sound and just, and yet there are interlopers and intriguers in the regular profession, who, when called upon to attend the patient of a fellow-practitioner in his absence, will tell the family that "Dr. J. had entirely misjudged the disease; that instead of the cough proceeding from irritation of the stomach, the case is one of consumption; and that it was most fortunate HE was called infor the case must have resulted fatally"!!*

Permit me, like Junius to Lord Mansfield, "pay a just tribute to Scotch sincerity: I own I am not apt to confide in the professions of gentlemen of that country, and when they smile, I feel an involuntary emotion to guard myself against mischief"!!! This interloper watches the case with a great deal of tender affection—even sheds many tears, and claims to have been "an instrument, in the hands of an all-

[•] New York has recently furnished a flagrant instance, quite as bad as this, in a professor of surgery, towards his equal, the President of our State Society. A rich correspondence followed, and an estrangement, which will be permanent.

wise Providence, in saving the life of one of the most promising children he ever saw"!!!

"Let no mean jealousies pervert your mind, A blemish in another's fame to find; Be grateful for the gifts that you possess, Nor deem a rival's merit makes you less."

But the sordid spirit, like the Wolf and the Lamb in Æsop's fables, unable to argue against truth, and yet determined to eat the innocent Lamb: "Sirrah, says he, if it was not you, it was your father, and that's all one; and so saying, rushed upon the Lamb, and devoured him."

"Injustice can always find a plea."

MEDICUS.

#### USE OF ASARUM IN ALCOHOLISM.

By Dr. Smirnoff.

[This plant is of the order Aristolochiaceæ. It was formerly employed as an emetic, and as an errhine. The variety named Canadense is known as Canada snake-root, or wild ginger. That in the shops is Europæum.]

Dr. Smirnoff states that he has become convinced by repeated trials. that the asarum Europæum well deserves the reputation it has obtained in Russia of being an excellent remedy for the effects of drinking. The influence of a continuous abuse of alcoholic drinks is first exerted locally, but afterwards dyspepsia is produced; and the nutrition and functions of the entire economy, especially of the central portions of the nervous system, becoming interfered with, the blood itself being loaded with an injurious foreign material, the dyscrasia potatorum is at last completely established. The asarum fulfills various indications. acting beneficially on the alimentary canal in those cases in which the digestive powers are so much at fault. Its aromatic principle confers upon it a stomachic power, and regulates the condition of the intestinal discharges, producing vomiting and purging when given in large Its most beneficial action, however, is manifested on the defective appetite, and by its counteracting the invincible longing for alcohol. The horrible sensations with which the drinker awakes in the morning, and which impel him to seek temporary and delusive relief from renewed libations, are much blunted and mitigated by means of a glass of strong infusion of asarum and some other nervine—e. g.,

valerian. Its immediate effect is often to produce vomiting, and sometimes purging; but the painful sensations at the epigastrium undergo relief, and the appetite becomes invigorated. Persons who have been long habituated to alcoholic drinks cannot, however, have these suddenly suppressed with impunity; and in such cases the author gives the asarum in brandy, applying at the same time a blister or an issue to the pit of the stomach. By this means the normal activity of the stomach becomes excited and the longing for alcohol diminished. The author, however, cannot agree with those who would still allow a small quantity of spirits to habitual drinkers, even when the morbid desire for it has become appeased. The continuous use of a decoction of asarum, even when it does not succeed in extinguishing the desire for alcohol, always supports the powers of the patient; and it is remarkable in some cases, in which the individuals have been long accustomed to periodical intervals of drunkenness, ending in delirium tremens, how much longer these intervals will become, and how much less likely delirium tremens is to recur. The patients themselves are sometimes surprised at the comparative impunity with which they can continue their drinking. The author prescribes three or four glasses a day of an infusion made with Ziij. of asarum root, Zj. of valerian root, and 31 of orange-peel, but he does not state the quantity of water employed. In cases of drunkenness another formula is composed of decoction of asarum (made by boiling from 31 to 31 of the root) 3vj., tinct. of valerian 3ij. to 3iij., Sydenham's laudanum gtt. xij., syrup of orange-peel 31. A tablespoonful of this is taken every two hours. He finds from two to five grains of bismuth taken four times a day a valuable adjunct. He has also found the following popular Russian remedy of service in cases of drunkenness:-R. Ammon. carb., 31; aceti vini, lbj.; oxymel scill., 31. Two table-spoonsful every two hours.—Med. Zeit. Russland, 1859, No. 8.

#### LIBERAL BEQUEST.

From the Boston Medical Journal, we learn that amongst other liberal bequests to the various institutions of Boston, the late Hon. Jonathan Phillips left \$10,000 to the Massachusetts General Hospital and to the Massachusetts Medical Society; \$5,000 to the Charitable Eye and Ear Infirmary, and the same sum to the Boston Dispensary. Such liberality is worthy of mention, and especially worthy of imitation.

# EDITOR'S TABLE.

### THE INAUGURATION

Of Medical Colleges in New York, for their regular session of 1860-61, took place at the University School in 14th Street, on the 15th of October; which opened with an able, discriminating and practical discourse, pronounced by Valentine Mott, M.D., which was one of the happiest efforts of his long and useful life, spent as it has been in magnifying surgery, both as a science and an art, by his scholastic lessons as a teacher, and by his brilliant achievements as a practitioner, for half a century; in both of which departments he is still unsurpassed in the Old or New World. This tribute is his due; has been richly earned; its honors meekly borne, and the justice of posterity will award it, when he shall "cease at once to work and live."

The "Napoleon of Surgery," for such he has been justly styled, for his courage and skill in operative procedures, never looked in better health, or finer spirits, than now; nor was he ever more ardent or hopeful than he appeared on this occasion, seemingly completely rejuvenated since the vacation. On his right, sat his old friend and colaborer, younger than he, though called the venerable Professor John W. Francis; and next to him the equally venerable Alexander H. Stevens, both associated with Dr. Mott in his earlier career, and both now sharing with him the highest honors the profession can bestow.

The Faculty of the University, headed by the Rev. Chancellor and President Draper, together with other medical dignitaries, occupied the platform; the Hall was well filled with students, and a promiscuous audience of "both sexes." Every portion of the discourse was read with distinctness and heard with interest, and when near its close, in celebrating the value of Chloroform in Surgery, the language of the martyr Stephen was appropriated by the speaker: "Now, Lord, lettest thou thy servant depart in peace, for mine eyes have seen thy salvation," the effect on speaker and hearers was touching, and tears were visible in many eyes.

The regular lectures were then announced, and the large audience dispersed, well pleased with their instruction and entertainment.

The New York Medical College and Charity Hospital came next in the order of time, and opened its regular session on Wednesday evening, Oct. 17th, by an attractive lecture from Prof. Doremus before a large audience. His subject was Carbonic Acid Gas, which

was illustrated by numerous and brilliant experiments, at the conclusion of which he made an appropriate and eloquent address, dwelling upon the attempt now making to improve the system of medical education in this school, and especially upon the Charity Hospital opened in the college building, which is already overflowing with patients, affording ample opportunities for the Clinical Professors in Medicine, Surgery, and Obstetrics, by patients in each of these departments, already admitted; and expressed the confidence and hope that the Trustees and Faculty would now be able to carry out the original design of the New York Medical College, by the erection of a building on the adjoining premises exclusively for hospital purposes. He announced that the Faculty was now full, and includes 12 professors.

The College of Physicians and Surgeons opened their regular seasion on the 21st inst., the hall on 23d Street being well filled. The President, Dr. Delafield, made a few remarks, announcing the new relation to Columbia College, just inaugurated. He then introduced Professor Dalton, who read a learned lecture on the circulation of the blood. Charles King, Esq., LL.D., President of Columbia College, on behalf of that ancient institution, officially recognized the College as henceforth their medical department; so that he claimed for Columbia College the status of a University. He had not posted himself in the history of the Institution over which he presides; and hence, sadly blundered in dates and names, &c. But he will be forgiven if he will now see to it that the debts of the College of Physicians and Surgeons, amounting to some \$70,000! be paid out of the surplus of the enormous wealth which has recently been poured into the coffers of Columbia College. Medical colleges have but cold comfort from the Regents of late years; and have to struggle to sustain themselves without State appropriations. Hundreds of thousands of public money were formerly squandered by the State on this College of Physicians and Surgeons; which was so prodigally expended, that the State of New York and its Regents will not be likely to endow it again. that the pecuniary patronage of Columbia College will be a godsend in their favor. We congratulate the Faculty on their good fortune, and invoke the liberality of their new patron.

It is too soon to learn even the probable numbers of the several classes, although there are yet fewer students from abroad than is usual at the opening, especially from the Southern States. The falling off from this latter source was anticipated, and may injuriously affect the aggregate in one or more schools. We learn that our

neighbors in Philadelphia are likely to suffer a diminution of their classes from the same causes; the stampede of some hundreds last year in a body from that city having disinclined Southern pupils to patronize Northern schools as heretofore, especially those of Philadelphia. As this has arisen from political excitement, it cannot but be temporary in its effects, but meanwhile the Southern schools will profit by it; though all parties must hereafter regret that our profession had not escaped the mischiefs of geographical divisions, which should be unknown in matters of science.

# THE CHARITY HOSPITAL,

Which has been inaugurated by the New York Medical College, is a decided success. It is filled with patients in every bed, and the students have daily access to it with their teachers, who are giving true clinical or bedside instruction. Already practical teaching has demonstrated Albuminuria, Tuberculous Phthisis, Hepatic, Nephritic and Cardiac diseases, in their various forms, while contusions, concussions, fractures, dislocations, burns, morbus coxarius, ophthalmia, tumors, benignant and cancerous, hair-lip and other deformities, have been treated by the surgeons, including a number of important operations. This for the first month is a success, and argues well for the future of this hospital, which takes its place henceforth among the public charities of the city. A new building on the adjoining lot seems to be manifest destiny, and the sooner the better. Who of the Trustees, Faculty or Alumni, can withhold a helping hand? Some have done well, let others now do better.

#### THE AMERICAN MEDICAL TIMES

Has improved upon the idea of issuing a students' number of that weekly journal, in view of the approaching session of the medical schools of the country. It appeared on the 13th of October, and from the amount of general information it contains, merits a wide circulation. The liberality of its publishers, with the industry and ability of its editors, have already made this the best weekly medical journal in America; and its frequency of publication, being issued every week, gives it greatly the vantage-ground over our slower monthlies. But such hebdomadal issue imposes an amount of perennial labor on all concerned, that very extensive patronage is necessary to make it pay. We heartily wish our contemporary a long and prosperous career.

#### HOMOTOPATHIC DIAGNOSIS.

The case of Mrs. ______, a notorious courtesan lately found dead in her room, and the cause alleged to be apoplexy, has recently engrossed the public attention. An asinine specimen of the Globulists living in the neighborhood, having "Doctor" on his shingle, was first called. On his oath he declared, that his first remedy was to "drop hot sealing-wax on her stomach!" this, it seems, being the homocopathic test of vitality, and without which, he could not decide whether she was dead or living. "No reaction" being produced, he gravely announced that she was dead, and probably from apoplexy. ed it a coroner's case, and gave no certificate. But to avoid notoriety, certain "regular physicians" were called, who subjected themselves to a fine of \$500 and imprisonment, by a clandestine post-mortem, on which they gave a certificate of death by apoplexy, and thus sought to prevent a coroner's inquest, for which they were entitled to the usual fee of \$100 each. But if the District Attorney and Grand Jury do their duty. Drs. Parker, Sands, and Finnell will be prosecuted according to law. In the cases of murder now so frequent, the only safety to human life is in this law, by which physicians are prohibited from certifying to the cause of death after a clandestine autopsy; when the subject was not at the time under the medical treatment of the physician giving the certificate. The law provides for an inquest by the coroner, in all cases of sudden death. And for public security of life, the penalty ought to be enforced on the parties who attempt to evade it, whether or not, for a quid pro quo; else murders may be covered up, and the guilty escape.

It is no excuse, when, as in this case, the Coroner's Jury, after the body had been hurriedly interred, and exhumed for the purpose, agree upon the verdict of apoplexy, for it might have been otherwise. A blow on the head, and certain poisons, might induce apoplexy, and an inquest by the coroner was imperatively required.

A lesson has been taught the mercenary doctors in this case, which ought to deter others from violating the law, and exposing themselves to its penalty, which, if enforced in this case, would more than forfeit their fees.

It is, moreover, unprofessional to make a clandestine dissection in such a case; as it was in the Huntington case, to hold a secret inquisition to defend the plea of moral insanity. And it is worthy of remark, that the principal agent in both these unlawful procedures was the same. He will probably learn wisdom by experience.

#### APPOINTMENTS.

Dr. Foster Swift succeeds Dr. Elliott as Lecturer Adjunct to the Professor of Obstetrics, in the 23d Street College.

In the New York Medical College all the vacancies have been filled, viz.:

B. K. Browne, M.D., Professor of Physiology and Microscopy.

W. R. Whitehead, M.D., Professor of Clinical Medicine.

Professor G. E. Thurber, M.D., Lecturer on Materia Medica, Pharmacy, and Botany.

Joseph Shnettner, Lecturer on Pathological Anatomy.

At Bellevue Hospital six junior assistants have been selected, viz.: Drs. H. M. Lyman, H. Smith, C. A. Suydam, G. F. Ferguson, T. H. Whitney, and L. Fisher.

LIND UNIVERSITY.—Professor Titus Deville has resigned the Chair of Anatomy here, and returned to Paris. His place is filled by Dr. J. Hollister, while the Chair of Materia Medica and Therapeutics is occupied by Dr. A. L. McArthur, a new member of the faculty.

Dr. John W. Hooker, the son of Dr. Worthington Hooker, of New Haven, has been appointed to a new professorial chair which has been established at Amherst College. It is entitled the Professorship of Hygiene and Physical Education, the object being to show the necessity of physical education to the young students especially, and with the knowledge that, for the practical application of the laws and directions, the presence of a living teacher is indispensable.

- Dr. G. M. B. Maughs, Editor of the Kansas City Medical and Surgical Review, (which has not reached our table since March last,) has accepted the professorship of Physiology and Chemistry in the Medical Department of the Missouri State University at St. Louis.
- Dr. F. T. Miles has been chosen as the successor of Dr. Holbrook in the Chair of Anatomy in the Medical College of the State of South Carolina.
- Dr. J. Troup Maxwell, of Tallahassee, Fla., has been elected to the Chair of Obstetrics in the Oglethorpe Medical College, in Savannah, Ga.
- Dr. John H. Tate has been appointed Professor of Obstetrics in the Cincinnati College of Medicine and Surgery.
- Dr. R. J. Paterson, Superintendent of the Ohio Idiot Asylum, has been appointed Superintendent of the Iowa Hospital for the Insane, at Mt. Pleasant, in that State.
  - Prof. E. M. Moore, formerly of Starling Medical College, has been

appointed to the Chair of Surgery in the Buffalo School, made vacant by the resignation of Prof. Hamilton.

- Dr. J. Aitken Meigs, of Philadelphia, has been elected a member of the Société d'Anthropologie de Paris. He was proposed by MM. Geoffroy St. Hilaire, Beclard and Broca.
- Dr. W. B. Atkinson has been appointed Assistant in the Obstetrical Clinic of the Pennsylvania Medical College.
- Dr. G. A. Peters has received the appointment of Surgeon to the New York Hospital.
- Dr. T. M. Markoe, after one year's service as "Lecturer Adjunct" to Professor Parker, has received his promised reward by promotion to the "Adjunct Professorship;" a meed which was withheld from Dr. George T. Elliott, and hence his resignation. He would not condescend to clamor and chaffer for his rights, but resented the indignity and retired. The profession of the city who know him, honor him for his manly independence.

#### TOBACCO.

We give place to two articles on this subject, viz., one by Sir Benjamin Brodie, of England, and the other by Jerome Cochran, a student of medicine in Nashville, Tennessee. In the former, most of the old fogies of the profession are represented; while in the latter, Young America utters a counter-blast in the form of a plea for the use of tobacco, which will be regarded with admiration by all smokers, chewers, or snuffers, who are so largely in the majority, that if the election were not so near at hand, its author would be a formidable candidate for the Presidency of the United States.

#### INVOLUNTARY CONFESSIONS.

A monograph bearing this title, by Francis Wharton, Esq., one of the authors of Wharton and Stille's late work on Medical Jurisprudence, has just reached us, and we hence learn that a second edition of that work is nearly ready, of which this addendum constitutes a part. A change of publishers will be to the interest of the authors, and from the imprint on this monograph, we infer that such change is made.

# AN EPITOME OF BRAITHWAITE'S RETROSPECT.

The sixth and last part of this useful compend by Dr. Wells is out, from the press of C. T. Evans, New York. We have heretofore commended it as eminently useful, and we doubt not it is in the possession of most of our subscribers.

### DEATH OF PROFESSOR CHAPIN A. HARRIS, M.D.

In the recent decease of Dr. Harris, at Baltimore, the profession. the Christian community and the public generally, have sustained a loss which will be deeply felt and deployed in every part of our country: for few men among us have been more widely known, or more universally beloved. He has earned the title of being the Father of American Dentistry, by founding the Baltimore College of Dental Surgery, to the service of which he devoted nearly a quarter of a century, with an ardor which was untiring, and by which the scientific education of Dentists has been secured for the future, at home and abroad. has prepared and published a series of text-books, which will be standards for a century; having already exalted his reputation in Europe and America, for their literary and professional excellence. ous labors, doubtless, impaired his health, and have now sacrificed his life prematurely, for he was in the midst of success and usefulness. Truly we mourn his death, for to know him was to love and honor him. His family and friends have strong consolation under this afflictive bereavement, in the Christian life and death which he exemplified, and which cannot be forgotten by his survivors. We hope to be furnished with the materials for a more fitting record of this sad event, and a more worthy tribute to his memory.

### THE NEW YORK OPHTHALMIC HOSPITAL

Has published a report for 1858-9, together with the anniversary address on "Specialties," by W. H. Studley, A.M., M.D. The statistics show 923 patients for 1858, and 1,011 for 1859. This charity shared in the bounty of the State and City, \$1,000 having been received from each during the last year. It is under the charge of Drs. Stephenson and Garrish as heretofore, a son of Dr. Stephenson being now added to the staff.

### CLINICAL TEACHING.

A professor of obstetrics lately instructed his class that nausea and vomiting during pregnancy are nature's provision against abortion! and that where abortion is threatened, we should imitate nature by giving ipecacuanha and antimony, thus inviting nature's salutary result when neither nausea or vomiting are present, and thus preventing abortion! He also presented a case of paraplegia, the pathology of which, as he informed his class, was the pressure of a hypertrophied uterus upon the nerves within the pelvis! Such is an obstetrical clinique in 1860.

### Propessor alexander el stevens.

This venerable gentleman availed himself of the opportunity afforded him, at the late opening of the College of Physicians and Surgeons, to express, in explicit terms, his profound conviction that a literary and classical education is absolutely necessary for a physician, to whom a knowledge of Latin and Greek is indispensable.

We record this for the benefit of certain medical dignitaries, and professors too, who sneered at the Report of our Committee for recommending at the late Medical Convention at New Haven, that some knowledge of Latin and Greek should be included in the preliminary education required for admission to our Colleges. Some such even outraged the Halls of old Yale by a special plea for ignorance, which it was painful to hear.

Dr. Stevens's timely testimony, at such a crisis, is honorable to him, and to the dignity of our learned profession.

Statistics of the Dispensaries of the City of New York.

Leading Statistics of the Five Dispensaries of New York, for the Year 1859, compiled from their Returns published Monthly; and their General Statistics from the Date of their Organization respectively, to Dec. 31, 1859.

1700						
	NEW YORK.	NORTHERN.	Eastern.	DEMILT.	N. Western.	Тотац
Date of organization	1791	1827	1832	1851	1852	
No. of Male Patients in 1859	18317		12920			
" Female " "		11883				
Whole No. of patients treated in 1859					14675	
Patients treated at the Dispensary					12125	
" at their dwellings			6294			
Number of primary vaccinations	1597	1289	5116	1772	686	
" re-vaccinations	20	109	2051	19	8	2,207
Whole number vaccinated	1667	1398	7167	1791		
Number of adult patients	25525	11129				
" children under 15 years	18014		15104			
Patients of American birth		9088				
" foreign birth		10 <b>44</b> 8				
Number sent to Hospital	5428					-,
" of deaths	272					
" prescriptions* dispensed		30840	56658	<del>444</del> 58	28776	262,683
Average number of prescriptions to						
each patient	2.45	1.7	2.28	1.79	2.0	2.15
Total amount of expenditures for the			ا ا	4501	0011	407 400
year	\$5,706	4833	4421	4591	2911	\$21,46 <b>2</b>
Average cost of the whole service to		10.00	اء ، ، ا	17 00		1
each patient	13.1C.	19,62	14.7	17.25	19.8	15.96c.

General average number of prescriptions* dispensed to each patient, (excluding vaccinees—12,667—121,751 patients,) in 1859, 2.15.

Aggregate amount of expenditures of the several Dispensaries for the year 1869, excluding cost of repairs and management, or permanent improvement of property, \$21,462.69.

General cost of medicine, and medical, surgical, and vaccine service to each patient for the year 1859, 15.69 cents.

### GENERAL STATISTICS.

		1 1			
Number of years since the organization of each Dispensary		33	27	a	7
Number of persons vaccinated by each	1			3	•
Dispensary since its organization		36382	59320	12890	4870
No. of the sick poor, &c., served by each Dispensary since its organization	1046404	331440	460749	146667	84544
Expenditures of each Dispensary from	i .				
its organization to Dec. 31, 1859 Average cost of the whole service to		74711	62498	\$35479	18295
each patient from the beginning	16.32	22.54	13.5	24.19	21.5c.

Average number of years during which medical charity has been extended to the sick poor of New York by the Dispensaries, 29.

Whole number of persons vaccinated since the year 1804, 218,991.

Whole No. of poor of N. Y. receiving medical aid, &c., since 1791, 2,069,804. Aggregate amount of expenditures for medicine, salaries, &c., \$361,735.39.

General average cost of medical, surgical, and vaccine service to each Dispensary patient from Feb. 1, 1791, to Dec. 31st, 1859, 17.47 cts.

Aggregate number of patients treated annually for 29 years, 71,372.

### IRIDECTOMEDIALYSIS.

The ophthalmic operation for artificial pupil, thus denominated, by excision and separation, has lately been performed upon Sir Benjamin Brodie without success, for a late failure of vision, with which this venerable surgeon has himself been afflicted, and in which glaucoma had been diagnosticated. It appears that vision in the right eye, the best, is wholly lost; and that of the left eye is but slightly improved. The London Medical Times intimates that cataract is now thought to exist, and that extraction is now proposed. If Sir Benjamin proposes to submit, we venture to advise that he first take a trip to America, for we have eye surgeons here whose skill in diagnosis can detect cataract even when complicated with glaucoma, without subjecting him to Iridectomy to aid their diagnosis.

^{*} The average cost of medicine, and dispensing it, has been found to be one-half of the whole expense incurred per patient, or *sight cents* for 1859.

### PROPESSOR J. C. NOTT.

Of the Mobile Medical College, Alabama, having been annoyed by importunity to take part in politics, thus replies in a published letter, viz.:

"I am now busily occupied with our Medical College, where I have work enough to do; and I hope to serve the State much better by attending to this, than by wrangling in politics, for which I have always had a positive disgust."

We honor Dr. Nott, for such words fitly spoken. They are "like apples of gold, in pictures of silver."

### SUGAR-COATED PILLS.

Messrs. Garnier, Lamoureux & Co., of Paris, have appointed F. A. Reichard, Esq., their agent for the United States, for the sale of their granules and dragées, as announced in our own advertising columns. Every effort to prepare medicines in a form pleasant to the taste deserves success; and the reputation of the parties concerned in this case inspires confidence in the reliability of their dragées.

### MISCELLANEOUS ITEMS.

Lindsay & Blakiston will very soon issue a large work entitled American Medical Biography, by Prof. S. D. Gross. It will consist of memoirs of the most distinguished physicians and surgeons of our country.

Editorial Change.—Drs. Logan and W. F. Westmoreland withdraw from the editorial management of the Atlanta Medical and Surgical Journal, and are succeeded by Dr. J. G. Westmoreland as editor and proprietor. The Atlanta Journal enters on its sixth volume, and we wish it and its new editor an abundant prosperity.

An American Dental Association has been formed, and held its first meeting at Washington City, D. C., on July 31st. A constitution was adopted, officers chosen, and a considerable number of valuable papers presented, and some topics of interest discussed. The following are its present officers: President, Dr. W. H. Atkinson, of Cleveland, Ohio; Vice-Presidents, Dr. J. B. Gibbs, of Washington, D. C., Dr. F. Z. Clard, of Savannah, Ga.; Secretaries, Dr. J. Taft, of Cincinnati, Ohio, and Dr. W. M. Rogers, of Shelbyville, Ky.

formidable discouragement in the way of young men learning anatomy is here removed, while the characteristic technicals being anglicized, the hindrance which has prevented anatomy being taught in our public schools is annihilated. Still, for the comfert of those who adhere to the ancient Latinity of the old books, synonyms are placed in foot-notes, so that teachers need not forget their classical technology.

We like the book, we honor the author, and advise everybody to study anatomy, now that the multitude of unpronounceable names, compounded out of every language under heaven, are dispensed with in the text, and only pre-

served at the foot of the page for antiquarians and pedants.

A Colloguy on the Duties and Elements of a Physician. By Thos. S. Powell, M.D., Professor of Obstetrics in the Atlanta Medical College.

This is the title of a well-written pamphlet in colloquial style, prepared by request of the author's private class, who have complimented their teacher by printing it, together with his portrait. This is flattering, but it is more than we can say for the portrait, which does not flatter him. If our old friend will pay his promised visit to New York, we promise him a better likeness from our photographer, which will do his face better justice. The counsels of the author are sensible and judicious, while the morate of the pamphlet is excellent.

A PRACTICAL TREATISE ON THE ETIOLOGY, PATHOLOGY, AND TREATMENT OF THE CONGENITAL MALFORMATIONS OF THE RECTUM AND ANUS. By Wm. BODENHAMER, M.D. New York: Samuel S. and Wm. Wood. 1860.

This is a valuable monograph, on subjects upon which but little knowledge is to be derived from our surgical books. The author appears to have fully elaborated and exhausted the subject, having collected from all sources 287 cases, and illustrated the most remarkable by 16 plates, which are well executed, and render the volume an attractive and useful one. The typography, style, and finish of this work are creditable to the New York publishers.

New Book.—A treatise on Rheumatic Gout, or Chronic Rheumatic Arthritis of all the Joints, has just appeared in London, by Robert Adams, M.D., &c., of Dublin, Surgeon to the Richmond Hospital, &c. It is profusely illustrated with wood-cuts, and an atlas of plates in imperial folio. We observe that it is highly commended in the English, Irish, and French journals.

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## NEW YORK MEDICAL COLLEGE.

No. 90 East Thirteenth Street, near Pourth Avenue

### RLEVENTE SESSION, 1860-61.

### FACULTY:

ROSERT OGDEN DORENOS, M.D., Professor of Chemistry. JOHN MURRAY CARNOCHAN, M.D., Professor of Clinical and Operative Surgery.

D. MEREDITH REESE, M.D., LL.D., Professor of the Theory and Practice of Medicine and Medical Jurisprudence.

B. L. RAPHAEL, M.D., Professor of the Principles and Practice of Surgery and Surgical Pathology.

A. K. GARDNER, M.D., Professor of Clinical Midwifery and Diseases of Women. JEO. O. BROEBON, M.D., Professor of Anatomy. CHAS. A. BUDD, M.D., Professor of Theory and Practice of Midwifery. A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics. BERN L. BUDD, M.D., Professor of Toxicology. B. K. BROWNE, M.D., Professor of Physiology.

W. R. WHITEHRAD, M.D., Professor of Clinical Medicine.

G. THURBER, M.D., Professor of Materia Medica, Pharmacy, and Botany. JOSEPH SENETTER, M.D., Lecturer on Pathological Anatomy.

M. Bradley, M.D., Adjunct Professor of Anatomy.

Fowler Prentice, M.D., Demonstrator of Anatomy. Thos. A. Whitney, M.D., Assistant Demonstrator. James H. Brush, M.D., Prosector to the Professor of Surgery. Simeon Abrahams, M.D., Assistant to the Professor of Surgery.

A. W. Wilkinson, M.D., Assistant to the Professors of Chemistry and Toxicology.

John Howe, Jr., M.D., Assistant to the Professors of Midwifery, &c.

James E. Steele, A.B., Curator of the Museum.

The Preliminary Course by the Faculty will open on Monday, September 17th, with daily lectures and cliniques, and be free to all matriculants.

The Regular Session for 1860-61 will commence on Wednesday, October 17th, and continue until the middle of March, with four lectures on each day, in addition to daily cliniques on Medicine, Surgery and Obstetrics, conducted by the Faculty.

Demonstrative and Practical Teaching will be a distinctive feature in this School, especially in Chemical Analyses, Operative Surgery, and Practical Anatomy.

FEES .- For a full Course of Lectures, \$105. Matriculation, \$5. Demonstrator's fee. \$5. For final examination for a degree, \$30.

Good boarding may be had in the vicinity of the College, at from \$3 to \$4 per week.

Further information may be obtained by addressing the undersigned, No. 70 Union Place, New York.

R. O. DOREMUS, M.D., Dean of the Faculty.

NEW YORK, August 22, 1860.

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## AMERICAN

# MEDICAL GAZETTE.

Vol. XI.

DECEMBER, 1860.

No. 12.

### ORIGINAL DEPARTMENT.

#### ON OPENING THE JOINTS.

ART. I.—On Opening freely the Large Joints for the purpose of Discharging Purulent Matter, as well as for the Better Treatment of Ulcerations of the Articular Surfaces. Remarks upon the Innocuousness of Atmosphere admitted into the Joints, &c. &c. By E. S. Cooper, A.M., M.D., Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific, San Francisco.

This is the first of a series of articles I design publishing on purpose to show truths which, for the most part, are in direct opposition to all established authority upon the subject, and are as follows:

1st. That atmosphere admitted into the joints or other tissues is not a source of irritation or injury, excepting where it acts mechanically; as when admitted into a vein by producing asphyxia, into the thoracic cavity by its pressure producing collapsion of the lungs, or when, by the long-continued exposure of a large amount of surface of any of the internal organs whose normal temperature is much above that of the atmosphere, it reduces it so as to produce a morbid action.

2d. That the division of entire ligaments about the joints is no impediment to their ultimate strength and mobility; but, on the other hand, this operation will often greatly facilitate the cure by enabling the surgeon to open the affected part fully, for the purpose of applying medicinal substances to the articular surfaces when these are ulcerated or otherwise diseased.

3d. That the only true mode of treating ulcerations of bone, how-

ever slight, within a joint, is to lay it open freely and apply remedial agents directly to the part affected.

4th. That opening the joints early in cases of matter burrowing in them is far more imperiously demanded than the opening of other parts thus affected, and the operation produces no further pain or inconvenience to the patient in any respect than when performed upon parts remote from the joints.

5th. That after opening a large joint, the knee, for instance, by an incision several inches long, the wound should be kept open by the introduction of lint or other similar substance until the parts within the articulation become healthy, and in all cases it should be made to heal by granulation.

6th. That extensive wounds opening freely the large joints, such as the knee, (even when lacerated as by a saw, which must necessarily heal by granulation,) do not as often give rise to violent symptoms as very small wounds, such as are made by the corner of a hatchet, an adze, or a penknife, which heal on the outside by first intention.

7th. That there are no known limits beyond which a tendon or ligament will be reproduced after division, provided the parts are made to heal by granulation, and that the present acknowledged rule of two inches being the maximum distance in which the divided ends of a ligament or tendon can safely be separated, has not the least foundation in fact. Each of the above propositions has been fully tested by experience in numerous cases, which, during the course of this series of articles, shall be drawn upon as largely as brevity will admit.

Case 1st.—Mr. A. J., at. 29, received a penknife wound in the knee-joint, immediately on the outer side of the patella, which being small and causing little inconvenience, gave him no concern whatever.

The wound healed by first intention on the surface, and he continued his work as drayman as usual for two weeks, having not the least suspicion that mischief was brewing.

At the end of that time, however, the joint began to inflame, and was shortly after attended with the most excruciating pain. The inflammatory action rapidly extending, the tissues of the whole joint were soon involved, and in a week more, when I was called, extensive fluctuation could be distinctly felt, not only about the articulation, but in the lower part of the thigh. Chloroform and morphine had been used extensively, affording only temporary relief from the intense pain.

The case being a common one, I at once opened the joint freely by

two incisions, eight inches long each, just back of the patella, on the internal and external side of the leg, which gave exit to nearly a quart of purulent matter, which was burrowing in the joint and lower part of the thigh. The smarting of the incisions had hardly subsided before the patient pronounced himself relieved, and the following night slept as well as if nothing had been the matter. The incisions were filled with lint, wet in an evaporating lotion composed of one part of alcohol and ten of water; a roller wet in the same was applied all over the limb as tightly as the patient could conveniently bear, commencing at the foot. About twenty-five ounces of spr. mindereri were given every twenty-four hours for the first three days, and an opiate administered occasionally.

On the fifth day, the wound being in a state of suppuration, the cold lotion was discontinued and poultices applied instead.

The roller was still continued upon the limb from the foot to the upper third of the thigh, a small opening simply being left at the most dependent portion of each incision. The poultices were applied outside of the roller.

The lint was permitted to remain in the wound for about two weeks, when it was removed. Tincture of iodine was applied every day all over the joint after suspending the use of the evaporating lotion.

A gentle motion was instituted about the tenth day, and kept up through the major part of convalescence, which lasted about nine weeks, when the patient was able to walk comparatively well. He improved rapidly after that until recovery was complete, though the wound was not entirely cicatrized for over five months. Not the least immobility followed in this case, and the patient recovered completely in every respect.

Remarks.—In this case a single incision would doubtless have answered the purpose, though not so well as two. The true plan of operation in these cases is not only to discharge every drop of purulent matter that may be collected, but likewise prevent any more collecting; and free incisions kept well open until the parts inside become healthy, together with a roller tightly applied to the limb, are the means of securing this object. The operation is not a severe one when well performed, as it may be done safely with great rapidity.

The knee-joint is surrounded by a large number of tendons covered with sheaths lined by bursæ mucosa, which on being wounded are liable to cause the burrowing of purulent matter among the surrounding parts, and may thereby give rise to symptoms almost as violent as

when the matter forms in the joint itself; and though not so apt to generate a disorganizing disease of the joint, still, if neglected, this often would occur, and it is difficult to ascertain before an operation whether matter has formed internal or external to the capsular ligament. In the treatment, however, it makes but little difference whether the capsular ligament contains the pus or not, so far as the operative procedure is concerned, because it is nearly the same in both cases.

The surgeon should be sure that he opens the parts to a sufficient extent to admit of the discharge of all the purulent matter that may be accumulated, and it is immaterial whether he involves the joint or not in the operation. It is necessary to keep the incisions well open, otherwise matter might burrow still after the operation, and the worst consequences ensue.

To sum up, it is the accumulation of purulent matter that is to be prevented or removed in the treatment of injuries about the joints; and without this, all remedial measures will be abortive and local, and constitutional symptoms of the highest grade will come on, jeopardizing the limb, if not the life of the patient.

When matter forms between the deep-seated fascia and capsular ligament, involving the bursæ mucosa lining the sheaths of tendons about the knee, the pain is almost as severe, and the constitutional disturbance almost as great, as when within the capsular ligament.

The bursæ mucosa being the same in structure as mucous membranes, are disposed to suppurate under slight inflammation; and being extensive here, pus is rapidly formed as soon as the parts are lighted up by inflammation.

Case 2nd.—M. R., et. 24, received a wound on the outer side of the knee by the corner of a sharp new hatchet, which gave exit to a drop or two of blood. The external wound was but about half an inch in length, and, as it gave him no pain, was not the source of the least anxiety, and the patient continued his employment of day-laborer as usual for a week. At the end of that time the knee became painful, which induced him to go to bed. From this time on, for five days, when I was called, the pain he suffered was most agonizing. Finding fluctuation all over the knee, I at once made an incision seven inches long, which gave exit to more than a pint of purulent matter, and with it perfect relief. After the pus had been discharged it was found that the capsular ligament had not been opened, but that the pus had collected between it and the deep-scated fascia, which had been freely opened by the knife.

After-Treatment.—The after-treatment was the same as in case first, excepting that the tincture of iodine was not used. Gentle motion was instituted, in about one week from the time of the operation, and continued more or less every day, until the patient recovered sufficiently to walk, which was seven weeks. He has since recovered perfectly, without the least weakness or immobility of the joint.

Remark.—The incision was made on the outer side of the knee, which is the point of election in all cases where one incision only is made, for the better discharge of purulent matter in or about this joint, seeing that the patient nearly always wishes to take a position on his back, with the knees separated, and the diseased limb flexed, which brings the wound on the outside of the knee, in the most dependent position. Without giving this matter due consideration, I have occasionally operated differently, but seldom with entirely satisfactory results. In the next two articles I shall give cases of division and reproduction of the ligamentum patellæ.

ART. II.—A Case of Synovitis and Ulceration of the Articular Surfaces of the Knee-Joint. Cure by Opening the Capsular Ligament on Both Sides, and Dividing two-thirds of the Ligamentum Patella by a Transverse Incision. By E. S. Cooper, A.M., M.D., Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific.

Mr. H. J., æt. 54, received a knife-wound in the knee-joint three weeks before I was consulted. Two weeks after the reception of the injury, he began to suffer the most intense inflammation, while the pain attending it was almost unendurable; and continued until I opened the joint by an incision eight inches in length, the centre of which was immediately on the inner side of the patella. A small amount of purulent matter was discharged, followed by immediate relief. After this a piece of lint was applied in the wound, and a roller over the knee, leg, and foot.

During the first three days after the operation, the patient took opiates occasionally, and nearly a quart of liquor ammon. acct., every twenty-four hours; and during the first five days an evaporating lotion, composed of one part of alcohol to ten of water, was poured upon the knee every hour or two. At the end of this time the roller was removed, and the cold lotion exchanged for poultices, which were renewed every four hours. These were continued for one day, when,

different from what usually occurs in such cases, they caused pain, and had to be removed in consequence. A roller was again applied, with an evaporating lotion, but the pain, though much reduced, did not entirely subside; and, at the end of two weeks, it began to return again with such severity, that I opened the joint on the opposite side, to the same extent as the first. A transverse incision was also made so as to cut off two-thirds of the ligamentum patellæ, by which the outer wide of the patella could be readily raised. About a drachm of purulent matter was discharged by this incision. The interarticular semilunar cartilage on that side was found considerably ulcerated; as also was the articulating face of the tibia, and external condyle of the femur. The patient had never the least pain after this operation, and in eight weeks was so far recovered as to start on a voyage to Europe, for the purpose of buying a stock of horses for his ranch.

The after-treatment consisted in applying a piece of lint in the wound as before, a roller tightly upon the limb, wetting the whole with evaporating lotion; and using liquor ammon. acet. as before. The use of the roller was continued throughout the treatment.

At the end of ten or twelve days after the operation the lint was removed, and the tineture of iodine applied all over the knee, including the wound, and gentle motion commenced.

Not an untoward symptom occurred after the second operation, but the patient, who had suffered so much prior to the first operation, was constantly congratulating himself on being as free from pain as a person in good health.

The relief obtained was the same, differing only in its being much greater in degree, as that experienced by a person who has been suffering for days or weeks the excruciating tortures of a felon, which has been relieved by a free incision into the phalangeal joints.

Motion gave the joint no pain, and consequently flexion and extension were made with much freedom. The roller, tr. of iodine, and evaporating lotion, were continued throughout the treatment.

The granulations which sprung from the denuded articular surface of bone, were healthy from the first. Not the slightest immobility of the joint was left, save that which was necessarily attendant upon the want of power, consequent upon diseased action, and the long subsequent inactivity.

Remarks.—This is one of a very numerous class of cases, the publication of which I have recently commenced, and though aware that

the prejudices of the profession will be found against it, the uniform success attending the opening of the larger joints, in this city, is such as to establish the propriety of the plan beyond the possibility of doubt. A large number of medical men in this city now open the knee-joint as boldly, where matter is burrowing in it, as they would the phalangeal joints in cases of felons; and, although the prejudices of nearly all were against it at first, there is not at present a medical man or student, so far as I know, who has witnessed the operations at the Pacific Clinical Infirmary, for the past four years, who hesitates in pronouncing the practice not only safe, but imperatively demanded in such cases. And the great bugbear, viz., that atmosphere admitted into the joints is a source of irritation or increased danger in such operations, has been entirely discarded by those who have noticed the results.

ART. III.—Case of Long-standing Inflammation of the Knee-joint, accompanied with Ulceration of Articulating Faces of the Patella, the Tibia, and the Condyles of the Femur. Cured by dividing the Ligamentum Patella, and Opening the Joint Freely. Subsequent Reproduction of the Ligament, &c., &c. By E. S. Cooper, A.M., M.D., Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific.

From time immemorial the admission of air into the joints has been regarded as a very unfortunate, if not dangerous circumstance, and hence it is a common practice among surgeons of the present day to let matter burrow in and about the knee-joint in cases of white swelling, or after injuries, while the patient suffers the most excruciating pain for weeks, or even months, until disorganization of the joint occurs, resulting in anchylosis, loss of the limb, or even the life of the patient.

There is a great analogy between the results of this class of affections as usually treated, and the destructive termination of felons on the fingers where the knife is not used, differing principally in the difference of size in the member implicated; and although no well-informed surgeon would hesitate at the present day to open freely the phalangeal joints in case of felon, still there are few who are willing to open the large joints as freely, and none, so far as I know, have ever before resorted to cutting off the ligaments on purpose to open the

totals more trooly—that of the safety and success of the plan, I am tally construct by experience in numerous cases.

throughing those which sometimes follow the simplest operations, no back result can arise from the division simply of the largest class of ligaments, such as the figurentum patellie in a case of ulceration of the joins, because the ligament will be reproduced and firm, by the time the interior of the joins becomes healthy. This statement I make without qualification, knowing full well that it must and will be somether or in or acknowledged, notwithstanding it is opposed to all catablished an healty of the present har.

I wash to discheely undersecol to what extern I advocate the openmajor the joined. I specified cours the same as any other part or parts, in case of bincoming a marker in them; but the joints demand it caract, and as nece aspectors r, in consequence of their peculiar orgamman a accessoring of a tenfold higher degree of head and conmittagement total and when filled with purulent matter. The structures to the supwhile those surrounding are unvielding, alon and a disposed to suppurate, unless under the highest possible Research Liamination. Thus the synovial membranes being of mu-will often expand, thicken, and undergo great These are physiological facts which point excessivy of early and freely opening the joints, when purulent the conce commences burrowing in them. I deny that atmosphere .. :...l into the joints is a source of the least injury; and while no bad well is to be expected from opening joints, and even cutting off some of the ligaments about them that would not be likely to result from opening any other part, the advantages of the practice are often incalculable. In addition to being the only certain means of saving the interior of the joint from destruction, it often enables us to cure subluxations.

In cases of long-standing inflammation and suppuration of a joint, attended with luxation consequent upon the disease and relaxation of the ligaments, I not unfrequently divide more extensively than is necessary for the simple exposure of the ulcerating surfaces.

After their division, not only will the reproduced ligaments generally be healthy, but by doing so, you will be enabled to replace the bones and so retain them, which is sometimes a difficult matter to effect otherwise.

The following case will serve to illustrate my practice:

Case.—Mr. M. A., &t. 29, an Irishman by birth, and a laboring man, of regular habits and good constitution, had suffered, when I was consulted, for two months, part of the time most excruciatingly, in consequence of a knife-wound, penetrating the knee-joint some time previously. When I saw him, there was fluctuation in the knee-joint, as well as in the thigh. His sufferings were most agonizing, and he was unable to sleep even by taking free doses of morphine. The upper part of the tibia had changed its position so far as to be in a state of backward dislocation, and the leg and foot were in an ædematous condition.

Treatment.—The treatment was commenced by longitudinal incisions, eight inches long on either side of the joint passing near the patella, and a transverse incision just below the patella dividing the ligamentum patellae, and opening the joint fully.

After making the two first incisions, which were carried into the joint, it was soon seen that the process of disorganization had gone on to a considerable extent in the parts constituting it. The synovial membrane was extensively ulcerated, as was also the articular extremities of the femur and tibia. The crucial ligaments, which were fully shown, were relaxed and greatly elongated. In short, the interior of the joint was in process of general disorganization.

From half to three-quarters of a pint of purulent matter was discharged by the incisions, and gave immediate relief to the patient.

After-Treatment.—The after-treatment consisted in applying a piece of lint in each incision, according to its course, directly upon the exposed bones, the transverse piece of lint resting partly under the lower margin of the patella. The [lint was wet in an evaporating lotion composed of one part of alcohol and ten of water.

A roller was applied upon the limb as tightly as the patient could conveniently bear, commencing at the toes and carried up over the limb to the middle third of the thigh; care being taken to restore the articulating faces of the bones to their natural condition. This dressing was kept wet in an evaporating lotion for five days, during which time the patient took a pill, morning and evening, composed of ‡ grain of sulph. morph. to three of ext. colocynth. comp., and during the first two days, one pint and a half each day of spr. mindereri.

At the end of five days the roller was removed, and the lotion changed for a poultice, which was renewed every four hours during the day. This course was continued throughout the treatment, with the second about the se

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op de en represent in transmit verm eier e moute de teat fort, e en orde de e en reconstruction de

### ... LNINGS FROM FOREIGN JOURNALS. &:

By Lot 25 House

instituted Typica Fee. Lip It. It to n.—The strongs of the theorem of typical and the consistent of the constant of the public and publication have raised a graphic and publication of the intestines the meatery of the point. We every it without hame, and espicially characteristic and pointed given in all to there-peates in the treatment of this grave maledy. Nay, more, in the opinion of a large number of practitioners, pathology has misled therapeutic. They affirm that of their through a false interpretation of the meaning of the pathological alterations, or because these patho-

logical alterations are no more than a result of the malady, and not the malady itself, the progress of sound therapeutics has been hindered. Hence they say that the most efficient treatment will be most likely to be discovered if pathology is disregarded altogether. It is worthy of remark that at Paris, in the very bosom of the organic school from which have emanated the most beautiful representations of the typhoid affection, the first insurrectionary tendencies have arisen against the therapeutics which may be called exclusively pathological, that is based on a belief in the inflammatory nature of the anatomical alterations. Of the partisans of this treatment there are only two or three whom we can name. In truth, we scarcely know more than two, one at Paris, the other at Strasburg; but without flattering Professors Bouillaud and Forget, we may add that the quality compensates for the number. A new protest has, however, lately arisen against the debilitating treatment of typhoid fever. The author is M. Monneret, Physician of the Hospital Necker, where M. De la Roque made such efforts to establish purgative medication. He recommends not only a tonic treatment, but the methodical, regular, and constant use of nourishing food from the commencement to the close of the febrile symptoms. This treatment is justified by 10 years' experience. and more than 600 observations. In typhoid fever he says nutrition and assimilation more than any other physiological functions are suspended, or at least are struck with profound debility. The nature of this alteration we need not seek in a chloro-anæmic condition, or in a defibrination of the blood. It is inanition, or a suspension or diminution of the work of assimilation, which plays the essential part in the production of the characteristic symptoms, the rapid loss of weight, the sudden emaciation, the ulcerations, the gangrenes, the hæmorrhages, etc., which are equally found in the malady caused by deprivation of foods as may be seen from the description given by the Belgic physicians of the disease attending famine, and by the experiments of Chos-The commencement of the affection is marked by a saburral and gastric condition, which is with advantage treated at first by one or several emeto-cathartics. The secretory derangements of the liver and gastro-intestinal mucous membrane are happily modified by purgatives, repeatedly administered. Tonics find their use in the ataxoadynamic form, while cinchona and its various preparations are useful in the same circumstances, as well as in the remittent forms and in congestions of the spleen.

Such indications are usually regarded as the basis of the treatment

of typhold fover I litt it is evident that they constitute nothing more than the treatment of various organo-pathic conditions, and not of typhoid lover uself. In fact, there exists in reality no treatment of this affection, properly speaking, What systematic authors have written on the subject should be regarded as hypothetical. white mentalized wave, by combatting intestinal phlogosis; others, the providing and her less of the granteries others, again, in attending to the already of the blood while others attempt to act upon the cerebuy good no see on Wila. Wishood do when come the principal subtraction and figured, a granteering the nature and progress of the compressing to give an extension them and diminish their violence. This a exemplested by such any the natural forces; that is, the assem-Days a symmetry one of mosphysical acts which are transpiring in the agreement to be prephatics and blood-vessels governing the interwhich me comments to means of which nutrition goes on. We know no made the states this end better or more surely than liquid and They are preferable to any kind of medwhen they can never exercise an injurious action on the funcwas they are more easily assimilated, and are, consewhere likely than any other means to awaken the irritability . A. ASSES. Can we mention any agent which will more quickly ... sere surely call into play irritability, sensibility and mobility, than ..... and wine, especially with a great majority of patients, exhausted ., want, by excessive expenditure of the strength, by insufficient food, ... by breathing bad air? We ask all physicians serving the Hospior frequently attending the poor, have they not been struck as no have with the unquestionable utility of tonics, and particularly of wine and aliments, in a great number of diseases?

Treatment.—The first day emetic doses are administered, and are repeated the following day, if the vomiting has not been copious enough. Seidlitz water is then given for three days, during which are also given three or four quarts of iced lemonade mixed with from half a pint to a pint of good wine to each quart. Two or three cups of beef tea are also given, hot or cold, according as it is best digested. Besides these, most of the patients receive from 100 to 150 grammes of wine of cinchona, which makes the whole daily allowance of wine from one to two pints during the entire course of the disease. To these are added, daily, ten or twelve grains of the sulphate of quinine, several glasses of Seidlitz water every time the bowels are not sufficiently soluble or the meteorism somewhat marked, and iced cataplasms when

the case is severe. Towards the eighth or tenth day soup is given three or four times a day, continuing the cinchona.

Except in a few cases where the disease had so far advanced that the aliments passed through the organs without exciting the least pathological irritation, the most favorable results have always been obtained by this mode of treatment.—L'Union Médicale.

An Operation upon an Operator.—M. Stackler has long enjoyed great reputation at Mulhouse, in France, as a cool and skillful operator, and also as the author of several valuable medical works. M. Stackler, unfortunately, suffered from a fibrous tumor of the rectum, and lately underwent the operation for artificial anus, soon after which, died of consecutive peritonitis.

The Use of Tobacco in India.—The Indian Lancet of February last states that the native prisoners of the Punjaub, Madras, and Bengal, were prohibited from smoking by the authorities, and that three months after the order had been carried out no evil consequences had arisen from this sudden deprivation.

Prodromata of Paralysis.—M. Brière de Boismont read before a recent meeting of the Academy of Sciences a paper on this subject. The symptom to which he attaches most importance is the complete reversing of the habits and character. When a person naturally gentle and patient has paroxysms of anger, or one who has always been religious and perfectly pure, becomes suddenly and unaccountably the reverse, we shall not be deceived once in a hundred times in prognosticating a derangement of the encephalon, which will soon degenerate into a general paralysis.

M. Baillarger has ascertained that general paralysis is met with in the males of all classes of society with an equal frequency; whereas, the females of the higher walks of life enjoy a comparative immunity from this form of insanity—an immunity not experienced by females of humble status. This able physician, by his position at the Salpétrière, possesses, in an extensive private practice, a large field for the study of mental derangements, and this particular class has specially claimed his attention.

Distilled Laurel Water a Cure for Burns.—Dr. Franchino reports three cases in which he has rapidly cured burns of the second, third and fourth degrees by the use of distilled laurel water, which entirely assuages the pain, calms the agitation and inflammatory action; 100 parts are mixed with about 8 parts of a solution of gum. The compresses being saturated with this liquid, are applied to the burned surface, which has previously been cleansed and its phlyctenes punctured.

Proposition of the compression provides to removal, should be provided to the compression staked in water.—

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The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the

A piece of this tumor came away from the patient during coughing. Its appearance way like that of a fine red strawberry, and it is difficult to understand how the sudden invasion of the

aphonia could result from the growth of the tumor, which of necessity must have been very gradual.

Dangers of Surgical Operations in Large Cities.—In reference to the fatal results of a minor operation, M. De Castelnau, of Paris, said in one of his recent lectures, that the operations which are performed in the atmosphere of a great centre of population like Paris, are much more serious than in the country, or in small towns, so that there was often less danger in being operated upon by a country practitioner of inferior skill than by a great metropolitan surgeon. For several months a great number of operations performed at Paris have been followed by more or less severe erysipclatous inflammation. The Cæsarean operation had never been successful in Paris, notwithstanding the skill of the surgeons who had performed it; while in the Provinces and in the country, a certain number of cases were followed by favorable results. Amputations of the thigh were also almost always fatal at Paris; while on the field of battle, wounded men, whose limbs were amputated, often got well.

We do not think that M. De Castelnau has assigned the true reason for the excessive mortality notoriously prevailing in the Surgical Wards of the Paris hospitals, for the rate of mortality in American and English hospitals which are located in the midst of dense masses of population is not by any means so high. The neglect of sanitary arrangements, which is often complained of, and is notorious, may probably have no small influence in conjunction with other causes in producing this great loss of life.

### SELECTIONS.

### MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

KING'S COLLEGE HOSPITAL.

WOUND OF THE WRIST—DEATH FROM TETANUS OCCURRING FOURTEEN DAYS AFTER THE ACCIDENT.

(Under the care of Mr. Ferguson.)

The history of tetanus shows that the causes which give rise to the traumatic form are chiefly minor surgical injuries, such as a scratch from a rusty nail in the foot, punctures, lacerated wounds of the feet or hands, fractures of the fingers and toes, injuries to the wrists or ankles, and burns on the trunk. Sometimes tetanus supervenes upon some of the major operations; but it has been rare in comparison with the smaller. Of five examples of this terrible disease which we place upon record on the present occasion, four were traumatic, following respectively a wound in the wrist, the removal of a scirrhous breast, a compound of sheation of the ankle-joint, and wound of the sole of the free locals many until the one only till a recovery take place, probably assested by the administration of actuals. The ifth example is one of the very rare form of billogathic tenants.

to the consideration of course its inclinabily to reflect that receiver a heavy repairs, and finding the almost invariance rule. If, heavy-or the insense should last beyond a certain number of lays, the symptoms from me indeed and there is a prospect of receivery. So that is not the matter of tetamas remains an unsettled question, we have the allow force at rational treatment must prove incertain. It was a manyes have been noticed in the brain or spinal cord wheat is a said menclusively to be the cause or consequence of the above it has been called "functional disease of the spinal cord," or he cause if some better name. In the traumatic form of the later color, are minute nervous twigs have been discovered diseased at the said of the wound; and as throwing some light upon this part of the suggest, we quote the following lines from Mr. Erichsen's "Practical Remarks on Tetanus," published in a previous volume of the country, you it, 1859, p. 355;

And there is in traumatic tetanus, I believe, always a certain conmitted of the nervous system to be met with, if carefully locked formitted, an unhealthy state of the nervous branch, or twig. Tunning two the wound. This twig will be found implicated in some way: congested, inflamed, infiltrated; its neurilemma thickened, softened, and discolored, often for a considerable distance from the wound. I have never failed to find this when it has been carefully locked for, to the present instance a cutaneous branch was found lying bare, and unlamed in the bottom of the issue-wound. In many other cases I have seen the same."

The mischief commences in a minute nervous twig, and by reflex action those powerful changes are effected which characterize the discase. It is quite clear that the nervous system is the one at fault, although the true nature of the affection is unknown.

The variety in the treatment recommended by various observers shows that some consider it inflammatory, whilst others look upon it as essentially nervous. Venesection was recommended in this disease as early as the time of Hippocrates. The anodyne and antispasmodic

plan of treatment, on the other hand, has lately received an extensive trial, but with results that cannot, so far, be wholly depended upon. If we take woorara as an example of a remedy that has thus been brought into notice, we shall find that it has failed to meet the expectations of those who employed it, except in a few instances. occasion we saw it used was in a boy, aged ten years, at St. Bartholomew's Hospital, under Mr. Lloyd's care, admitted with trismus coming on seven days after inflammation of the left great-toe from a contusion. The genuine woorara (obtained from Morson) was given hypodermically every fifteen or twenty minutes, beginning with one-twentieth of a grain, gradually increasing the dose until as much as a grain had Some diminution in the severity of been injected two or three times. the spasms took place; but the boy suffered so much when the skin was punctured that his mother refused to permit its use any longer; when this occurred about six grains altogether had been injected. The next day the boy died; but whilst under treatment he was able to swallow, and the spasms did not come on after drinking. of the following cases the extract of woorara was unsuccessfully given, as well as the aconite.

Of other remedies to which the cure of individual examples has been attributed, we may mention tobacco, nicotine, aconite, atropine, and belladonna; conium, henbane, and Indian hemp; opium, camphor, and stimulants. Dr. Williams relates a cure by means of 110 bottles of port wine in forty-two days; Mr. Ilott cured a case with two gallons of brandy in eight days. Mr. Simon considers tobacco one of the best anti-tetanic remedies we possess; and we remember a case at St. Thomas's Hospital, in May, 1858, under his care, cured by nicotine. Patients have been cured by the division of the trunk of the affected nerve high up in the limb, so as to get beyond the sphere of local irritation. This proceeding is not always practicable, and, like other measures, it has sometimes failed.

Any patient who has weathered the disease for a certain number of days stands a fair chance of recovery, for the malady wears itself out: the remedies employed late in the disease, therefore, cannot fairly receive the credit of having effected a cure. Nevertheless, every surgeon is aware that chronic tetanus, in spite of all treatment, proves fatal at so late a period even as three weeks after its commencement.

Dr. Carpenter, of Suffolk County, New York, has cured sixteen out of seventeen cases of tetanus by the application of ice along the

spine.* This is worthy of recollection in hopeless cases, when other means have been found useless.

For the notes of the two following cases we are indebted to Mr. William II. Wickham, house-surgeon to the hospital.

William I.—, aged twenty-one, admitted July 12th, with a wound of the left wrist. He stated that ten days before his admission he cut this wrist with a knife whilst dividing the cords with which a sack was tied. The wound was about an inch and a half long, and extended over the lower part of the radius and the ball of the thumb. There was a great deal of hæmorrhage at the time, which was arrested by pressure; secondary hæmorrhage, however, occurred, and it was found necessary to apply a ligature to the radial artery on the cardiac aspect of the wound. This was done by the surgeon whose care he had been under, and in this state he was admitted into the hospital. The wound was then looking healthy, and discharging pretty freely. He was kept quiet in bed; and good diet was given, he being very weak from loss of blood.

On the 15th (three days after admission) he complained of a feeling of stiffness and soreness about the throat and neck, and on the following morning he was unable to open his mouth more than a quarter of an inch; this was attended with no spasm or pain, and he was able to swallow liquids without difficulty. He continued in this quiet state throughout the day; towards evening, however, the muscles of the twee became rigid, producing the peculiar expression of countenance so characteristic of the disease. During the night, spasm of the muscles of the back and abdomen occurred, the attacks being frequent, but of short duration. At these times he perspired very freely, and the pulse was much more frequent and full.

On the morning of the 18th his general appearance was much worse, the spasms being more general and severe. About noon, the respiratory muscles also became affected, especially after attempting to swallow, the act of which was accompanied by great difficulty. He died at four o'clock, P. M., (fifty-six hours after the commencement of the attack.) The spasms which affected the respiratory muscles during this last attack were most severe, and the whole muscular system was more or less involved. During the whole course of this disease there was no impairment of intellect. All attempts to bring about reanimation proved unsuccessful.

At the outset of the attack a purge was given, and aconite, in fre-

^{*} New York Journal of Medicine, January, 1860.

quent and increasing doses, was also exhibited. Through the kindness of Dr. Harley, some woorara poison (the extract) was procured, which was injected subcutaneously on several occasions; an enema of beef-tea, brandy, and quinine was given every four hours. Cold to the spine was also tried. No post-mortem examination of the body was made.

SCIRRHUS OF THE BREAST—REMOVAL—DEATH FROM TETANUS OCCURRING SEVEN DAYS AFTER OPERATION.

(Under the care of Mr. Fergusson.)

Isabella C---, aged fifty-one, married, was admitted on the 12th ultimo, with scirrhus of the right breast, the presence of which she noticed about nine months ago. The progress of the disease was slow, and accompanied by the ordinary symptoms. On admission, her general health was good, and there was a tumor of the right breast, about the size of a small orange; it was very hard, and involved the nipple. On July 14th, the patient being under the influence of chloroform, Mr. Fergusson excised the tumor. The disease had extended into the substance of the great pectoral muscle: a portion of which was consequently removed. The tumor was scirrhous; and, on making a section of it, several small cysts were discovered. On the following day the patient was very feverish, and complained of a great deal of pain and stiffness in the neighborhood of the breast. Suppuration was not yet established. In a few days, however, these symptoms had all subsided, and there was a purulent, though not very free, discharge from the wound. She continued to do well until the 21st of July, when she complained of stiffness and some pain in the neck and jaws, and the face became swollen and red. The countenance soon wore a peculiar expression; and by the evening of this day, the muscles of mastication became rigid, so that she could only separate the jaws about half an inch. There was no difficulty in swallowing. wound looked well, but the discharge was bloody and scanty. patient had some good sleep during the night; but in the morning. after swallowing some liquid, she was seized with violent spasm of the muscles of respiration, and was for a time asphyxiated. In a short time the spasm subsided, and the patient recovered from its effects. remaining quiet for the rest of the day, the trismus, however, being more complete. About nine o'clock P. M., another attack, similar to the last, came on; and, during the night, several others of less severity She died at 7 A. M., July 23d, after an attack similar, but occurred.

much more severe than the preceding. Duration of tetanus forty-eight hours.

In this case the muscles of mastication and respiration were the only ones affected, until a few minutes before death, when, in addition to these, those of the back and abdomen were violently contracted. The patient was perfectly sensible to the last. At the commencement of the disease a good dose of castor oil was administered, which acted freely. The extract of conium was then given, in three-grain doses, every two hours, the dose being gradually increased to six or seven grains. An enema (containing brandy, ten grains of quinine, and beef-tea) was given three times a day.

A post-mortem examination of the body was made, but with very unsatisfactory results. The muscles were rigid, and there was some slight vascularity of the cauda equina. The remaining portion of the cerebro-spinal axis was perfectly natural in appearance.

### ST. BARTHOLOMEW'S HOSPITAL.

REDUCTION OF COMPOUND DISLOCATION OF THE ANKLE-JOINT—DEATH FROM TETANUS
ON THE EIGHTH DAY AFTER.

(Under the care of MR. STANLEY.)

The notes of this case were taken by Mr. Rogers, house-surgeon to the hospital.

William M-, aged fifty-four, a man of quiet habits, and apparently of good constitution, was admitted on the 3rd of June, having sustained compound dislocation of the ankle-joint, with fracture of the The accident was the result of a blow from the shaft of a cart. and occurred ten miles away in the country. The dislocation was reduced by a surgeon, and the limb placed in splints. He was then sent to St. Bartholomew's Hospital. On examination, the bones were found in good position. A back splint was applied, with a foot-board. and the whole secured by rollers. For some time he progressed most satisfactorily, but on the 6th a good deal of inflammatory swelling was noticed about the cellular tissue of the limb, and suppuration subsequently set in. On the 7th, it was observed that there was a great deal of cellular inflammation on the outer aspect of the thigh, and the veins of the limb were hard and tender to the touch. however, at this time any great constitutional disturbance. tongue was clean; his pulse 84, and of moderate volume; his appetite, however, had failed somewhat. The propriety of amputation was now

considered, but it was decided that an attempt should be made to relieve the patient by free incisions, which were made above the ankle. The parts were so gorged that a considerable quantity of blood (about a pint) flowed from the openings. Great relief to the symptoms resulted from this proceeding. The leg was slung as in a common fracture, and water-dressing applied to the wound. Brandy was given, and an anodyne draught at bedtime. The inflammation of the cellular tissue abated, and the veins of the limb became somewhat smaller. He continued to improve until the 8th, when, on going round in the evening, Mr. Rogers found that the patient complained of some stiffness about the jaws. There was some difficulty in opening the mouth, though the tongue could be protruded. mastoid muscle on the right side was somewhat tense; that on the left There was no difficulty in swallowing, no spasms, and no tension of the abdominal walls. Aperients were given, and a larger dose of opium at bedtime. These symptoms, however came on next day with great violence, assumed the characters of decided tetanus, and were attended with much distress. They increased in intensity, and on the 10th he died in a fit of spasm.

Autopsy.—The leg only was examined. There was a good deal of suppuration amongst the muscles. A large quantity of pus was found in the joint. The internal lateral ligament was lacerated. There was no fracture of the internal malleolus. The astragalus was uninjured, except that a small piece had been knocked off. The cartilaginous surface was unimpaired. The articulating surface of the tibia was also entire. The periosteum of the lower part of the shaft of the bone was in part detached, and was in other places readily peeled off. The fibula was fractured obliquely, about three inches above the malleolus. The periosteum was readily detached.

### MIDDLESEX HOSPITAL.

ACUTE TRAUMATIC TETANUS FROM WOUND OF THE FOOT—RECOVERY UNDER THE USE OF TINCTURE OF ACONITE.

(Under the care of MR. DE MORGAN.)

Of all the vegetable preparations, aconite is known to be one of the most powerful in its action upon the spinal nervous system; hence its value in tetanus ought not to be inferior to the many other anodyne remedies which are occasionally employed. In the pages of this journal, (1846,) we have recorded an instance, under the care of Mr.

Paget, at the Cumberland Infirmary, Carlisle, in which a recovery took place under the use of Fleming's tincture of aconite. Another example also appears (ibid.) from Mr. Newton, of Newcastle, treated by the same remedy, which proved unavailing, for death ensued. We now give another, in which life was saved by the administration of aconite; but whilst we feel disposed to give due credit to the influence of the drug upon the disease, we can hardly attribute the entire cure to it, when the period at which its employment was commenced is remembered, for the tetanic symptoms had been existing twelve days before it was had recourse to.

We recollect a case of acute traumatic tetanus at Guy's Hospital in the summer of 1858, under the care of Mr. Cock and Dr. Wilks, treated by as many as 110 doses of cannabis indica; but the cure was attributed more to the quantity of wine and beef-tea taken than to the medicine. In Mr. Fergusson's second case, reported to-day, aconite was found ineffectual, and woorara was substituted for it, with, however, no better result.

The patient in the present case, a lad aged fifteen years, had always enjoyed good health. On the 30th of August, 1858, while wearing thin boots, he trod on a rusty nail, which pierced the ball of his foot. He withdrew it directly; the wound bled but little, and healed in a few days. On Sept. 6th the boy felt stiffness about the neck and lower jaw, which increased daily, and on the 12th he was unable to open his mouth, and could not walk owing to the stiffness of his back. He was admitted into the hospital on the 16th. There was then well-marked rigidity of the muscles of the neck and jaws, and the risus sardonicus was characteristic. He was unable to turn his head or separate his jaws; abdominal muscles very tense; complains of much pain in the neck and back; has not slept for two or three nights; bowels open; perspiring; pulse 80, moderately full. A hard cicatrix in the sole of the foot was excised. He was at first put upon strychnine, one-tenth of a grain, every two hours; carefully watched; soon diminished to one-twentieth of a grain, but the symptoms continued to increase. Twitchings began in the thighs, and great difficulty of respiration, and finally severe general spasms, with well-marked opisthotonos.

On the 20th, the plan of treatment was changed, and tincture of aconite was given, at first five minims every two hours, then eight minims. This was continued till the 27th. The dose was then administered every four hours, and on the 28th every six hours, and on

the 6th of October it was left off altogether. The diet was throughout the most nourishing that could be taken—strong beef-tea, brandy, &c., and the bowels were kept open by turpentine injections. From the time the aconite began to take effect an improvement took place in the severity of the symptoms, and he has been steadily and gradually progressing, though very slowly. First the general spasms and opisthotonos ceased, then the convulsive twitchings of the extremities; these lasted till about the 1st of October, at which date he could sit up for his meals, could separate his teeth about half an inch; ate and slept well; face almost regained its natural expression.

Has been slowly convalescing since then. Can now—October 22d—walk about, and appears in good health and spirits; only still feels a little stiffness about the muscles of the back, and cannot yet quite separate the jaws as wide as natural.

He was discharged from the hospital well.

### LONDON HOSPITAL.

ACUTE IDIOPATHIC TETANUS, TERMINATING FATALLY IN SIXTY-EIGHT HOURS.

(Under the care of Mr. Curling.)

The idiopathic form of tetanus is rarely seen in this country. however, append an instance of it, which Mr. Curling considered to be undoubted, and a more severely acute example he had never before witnessed in a female. The history of the case shows the occurrence of a fracture of the ulna some three months before. The interval was thought by Mr. Curling to be too long to permit of its being deemed the exciting cause, and no evidence whatever was manifest to show that the case was any other than an example of the idiopathic form. Death occurred in sixty-eight hours. It may be observed that severelyacute cases of idiopathic tetanus terminate more rapidly than this in hot climates; but generally speaking, the idiopathic form is much less fatal than the traumatic, because it is milder. Of forty-six cases of the latter mentioned in Mr. Curling's "Treatise on Tetanus," occurring in hot climates, as many as ten actually recovered. We have availed ourselves of the notes of Mr. D. W. Bush, one of the hospital dressers.

Mrs. P——, aged forty-one, was admitted on the 12th of January last. She stated that she had been accustomed to work hard at washing, and attributed her present illness to overwork and exposure to cold and damp. She said that she had not received any external

injury during the last three months—at which date she was admitted into the hospital with fracture of the ulna. The husband stated that in her youth she had a fall from a swing and injured her spine, and that ever since that time, whenever she caught cold, she complained of great pain in the back. The present attack commenced at five o'clock on the evening of January 11th, up to which time she was in good health, with the exception of a cold. The first symptom—which came on suddenly—was inability to swallow, the attempt causing spasm of the constrictors, and also of the muscles of the face, the mouth being drawn up on one side. She went to bed and obtained a little sleep, but was disturbed by the spasm, and in the morning came to the hospital. When admitted—at twelve o'clock—she complained of stiffness of the neck, with difficulty in deglutition, and pain in the region of the diaphragm. The abdominal muscles were not particularly tense, The jaw was closed, but able to be but those of the neck were. opened about a quarter of an inch. She could answer the questions put to her. There was more or less opisthotonos, and the knees were drawn up during the continuance of the spasm. Pulse 108, weak.

Mr. Curling saw her at two P. M., and prescribed milk and beeftea, eight ounces of wine, (if able to swallow, ad libitum,) a pint of poster, and a draught containing twenty minims of chloric ether, and a like quantity of laudanum and sal volatile, to be taken every three hours; injections of beef-tea and wine were also to be resorted to if the patient became worse. She was placed under chloroform, during the influence of which the pulse fell to 80, and the respirations were 53 in the minute. The jaw could be opened an inch, and she was made to swallow a little wine. No good effect appeared to follow these proceedings. During the evening she was in great pain, and shricked continually; but she continued to take to the medicine, &c., up to four A. M., when she had a severe spasm, after which she became insensible, and passed her urine unconsciously. At six, the spasm again occurred, but with greater severity, lasting about two minutes, during which the nurse thought she would have died. At eight she had another, but less severe. After this time they returned at different intervals, coming on spontaneously, and also immediately the introduction of any fluid into the mouth was attempted. During the spasm the countenance underwent a great many changes; the eyelids at the commencement were closed, but open towards the termination; eyes slightly divergent; pupils dilated; great lividity of the face, and frothing at the mouth; the legs straight, and the feet everted; respirations

56 in the minute; pulse 120, and weak; jaws firmly closed. At eleven: has been gradually getting worse. She has been for some hours unable to swallow, but the injections have been regularly continued every three hours. At twelve: "Gave chloroform, and while under its influence she swallowed several spoonfuls of wine. The influence was kept up about fifteen minutes, and as soon as it passed off, the introduction of fluid into the mouth brought on a spasm." At length, about forty-five minutes after twelve, a more severe spasm came on, and the pulse suddenly stopped, (although she breathed five or six times after.) Her death was apparently due to spasm of the heart, respiratory movement having been observed after the cessation of the pulse at the wrist.

At the post-mortem examination, which was carefully performed by Dr. Andrew Clark, nothing particular was found, with the exception of a small quantity of fluid which was present in the lateral ventricles, and marks of incipient pneumonia in one lung.

### INTRODUCTORY LECTURES.

[It has long been the custom in Medical Colleges, and, until recently, for each professor to pronounce a formal, and often a formidable introductory to his course, at the opening of each session, thus consuming the first week, and part of the second, out of the short term, which seldom extended above sixteen weeks, in these amateur performances. At length this custom has been voted a bore, and now a single introductory to the course has been generally adopted, which has had the effect of greatly improving the quality of these elocutionary discourses, so that they now very often merit the publication extended to them by the class.

Of those which reach our table, we shall, as heretofore, furnish the readers of the GAZETTE with specimens in the way of extracts, selected from the better class, in proof that these documents are more worthy of their authors than they were wont to be, now that they are less frequently exacted.

We begin with the concluding portion of the introductory to the present session of our venerated Alma Mater, the University of Maryland, by our young and eloquent friend, Edward Warren, M.D., Professor of Therapeutics and Materia Medica. It is the debut of one for whom we augur a successful career.

He thus concludes his vindication of Medical Science:]

Disease is more successfully treated now than formerly. If "combating disease" be the very end and consummation of all medication, then it must follow, à priori, that, with a more exact knowledge of the nature and habits of disease, with a more efficient and extended therapeutical armory, and with a greater experience in the use of the weapons of attack, the success of physicians must have proportionate-And when it is remembered that since the days of Hippocrates, in all ages and in every locality, wherever disease has claimed a victim, and suffering humanity demanded professional assistance, in the mansions of the rich, in the habitations of the poor, with the proud and humble, among all classes and conditions of the people throughout the civilized globe, there have been found enthusiastic and intelligent students of nature to observe, record and compare the presenting phenomena; that to the Therapeutical Armory Avenbrugger has added the art of Percussion; Lænnec that of Auscultation; Ehrenberg, that of Micography; and Prout, Jones, Bird and Thudicum, that of Chemical Analysis; whilst Pathological Anatomy has been elevated to the dignity of a distinct science, and the Materia Medica has been amplified by the addition of such Pharmaceutical improvements, Chemical discoveries, and Botanical contributions as have developed a nearer, a brighter, and a more honorable era in its existence, and that in every city of the civilized globe, multitudes of temples, unsurpassed in beauty and magnificence, have been erected, and dedicated to the study of medicine, whose courts are continually thronged with ardent votaries, and whose glowing altars drink the rich libations of the noblest hearts and the proudest intellects,—I say when all these things are remembered, the superior skill of modern Physicians,—the practical triumphs of that art which has been thus developed and improved—the removal of those causes which increase human mortality -and the gradual restriction of disease within the contracted limits of its appropriate sphere, becomes a logical necessity, as well as a positive reality.

But, if actual proof of the advance of medicine in this direction be desired, we have but to mention a few of the multitudinous facts presented in the last report of the Registrar General of England, premising that whatever is true of England in this regard, is equally so of other countries where medical science has been cultivated. By comparing the years 1679 and 1859, it appears that, for every 100,000 persons, the deaths by

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Small-Pox at one period was 357 and 42 at the other.
                             "
                                   "
                                      749
                                                59
       By Fever
                             "
                                                             "
       By Childbirth
                                        86
                                                17
                                                     "
                                                             "
                                                 8
       By Dysentery
                                       753
                                                 7
       By Cholera
                                      130
                                                 2
                                                             "
                                      142
       Scurvy and Purpura
       Syphilis
                                        21
                                                12
       Dropsy
                                   "
                                      298
                                                26
                                                     "
       Consumption
                             "
                                     1079
                                               611
                                                     "
                                                             "
       Diseases of digestion "
                                                     "
                                      146
                                                95
                                                             "
Children by convulsions and teething " 1175
                                             " 136
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It is thus made evident that there has been a radical improvement in the treatment of every class of maladies; and hence, if the practical success of a given system be any proof of its efficiency or test of its truth, Medicine can establish its claims to the confidence of mankind by an appeal to that record which she has traced for herself, not only in golden letters upon the historic page, but upon millions of grateful hearts, and in characters as undying as the immortal spirit which gives them being.

It could likewise be shown that the average duration of human life has increased, and is greatest in those localities where medicine has been most successfully cultivated:—thus, in England, the average duration is 42 years; in France, 40; in Germany, 37; in Holland, 38; and in Naples, 36; an increase since the seventeenth century of about six years for each country.

M. Flourens declares that "the duration of life is in proportion to the duration of growth, the duration of growth to that of gestation and the duration of gestation to the height of the animal." He further asserts that the duration of growth is limited by the union of the bones with their epiphysis, and that, in all animals which he has subjected to his observations, the duration of life is five times that of their growth. This union takes place in man at 20 years, and hence the normal duration of life must be 100 years. Nature, then, demands that the mean duration of human life shall be extended up to this point; medicine responds to this demand, and, gradually but surely, extends it; and upon the blessed harmony which is thus established,—upon this link, forged by the hand of Divinity itself,—upon the glorious fellowship developed between the science of Physic and the wondrous plan of creation, we rear the whole superstructure of our faith,—plant-

ing our time-honored flag upon its summit, laughing skepticism to scorn, and, cheered by the blessings and prayers of thousands, shout our songs of defiance to the four winds of heaven.

From these, many other considerations might be adduced in this connection. It becomes evident that the subjective theory upon which medicine is founded, has been tested by objective facts, and found correct; that the experimentum crucis of actual experiment has been fairly and successfully applied to that process of ratiocination upon which the system is founded, and that a practical and triumphant demonstration has been given of the correctness of those principles upon which the grand superstructure of medicine has been reared; and hence, in accordance with the strictest rules of logical deduction, and in obedience to every obligation of fair dealing, both friend and foe must admit that our proposition is proven, and that medicine is justly entitled to the rank, the dignity, and the homage of real science.

Beware then, gentlemen, of falling into the popular but fatal error, of supposing that the principles of medicine are uncertain, illusory and unreliable, and that the art derived from them has no substantial basis in the immutable and harmonious laws of nature. other hand, remember that before Plato taught, or Bacon made his great discovery, the Father and Founder of medicine—the wonderful oracle of Cos-cultivated this particular department of learning upon the strictest principles of inductive philosophy; that Galen was the most profound thinker of his times; that Berhaave, Haller, Helmont, and Stahl, were the master minds of their respective epochs; that Bichat, by his wonderful powers of analogy, his keen penetration into the mysteries of nature, and the splendor of his genius, effected a revolution in the science of medicine as wonderful as that accomplished by the Principia of Newton in the physical world; that Louis has established rules for exactness in medical investigation, which constitute one of the most complete systems of logical inquiry known to the world; and that the ranks of the profession contain at this moment men who, for the extent and variety of their attainments, their enthusiasm and confidence in the "healing art," the strength, the depth, and the vigor of their intellects, and their devotion to the honor, the interests, and the true glory of their noble calling, are unequaled by the members of any other profession upon the earth. If you will but bear these things in mind, gentlemen, our beloved profession will immediately assume its proper position among men. If our graduates are but governed by the principles which these reflections inspire, the

world will delight to encourage them and to honor their vocation. the standard of appreciation and effort be thus elevated, the Physician will at once see the field of his usefulness enlarged, the dignity of his calling vindicated, the malice of his enemies disarmed, and his highest and noblest destiny fulfilled. False systems will wither and die before the glory of the true; prejudice will give place to confidence and respect; all doubts respecting the efficacy and the value of medicine will fade as the "leaves of the forest;" deeds of martyrdom will distinguish the profession everywhere; and a newer, nobler, and more glorious era will dawn upon the Medical Profession-an era of extended knowledge, of augmented power, and of increased success, to all who have identified themselves with this most honorable pursuit. tioner of medicine will then stand forth in his true character, not surrounded by the gloomy mists of superstition-not covered with the tinseled vestments of empiricism—not the embodiment of selfishness. or the creature of avarice—not a degraded slave in the treadmill of routine, or a servile truckler to mere authority, but the expounder of a system of philosophy which courts examination and challenges criticism, the disciple of a real and most noble science, the representative and the exemplar of a broad and Christian philanthropy, and the champion of an art whose success is dependent upon the largest liberty of thought, the utmost freedom of opinion, and the most rigid application of the principles unfolded by the laws of nature.

Yes, gentlemen, this is essentially an age of advancement; progress is the watchword of modern civilization; the whole world is in motion; and the disciples of every science are shouting "Eureka." has thus become synonymous with stagnation,—immobility is a practical retrogression, whilst contentment with the past, or satisfaction with the present, implies degeneracy and entails disgrace. bers of the Medical Profession have caught the inspiration of the age. and the historian will record no prouder triumphs of genius, and no more splendid victories in the cause of humanity, than those which have been won by the physicians of the nineteenth century. honors have not been gained upon the tented field, or in the halls of listening senates, but by the midnight lamp, in the solitary cabinet. and at the bedside of disease. Their services to the race have not been honored with ovations; or rewarded with stately monuments; but the tears, the prayers, and the admiration of earth's afflicted children. have been their recompense. Their fame does not depend upon the evanescent applause of the fickle multitude, but the glory of their deeds

has gone forth to the remotest quarters of the globe,—it is written in letters of gold upon the clouds of Heaven, and traced in characters of adamant, upon the holiest page in the history of the race. When the story of Aboukir Bay and Trafalgar shall be forgotten,-when Waterloo and Magenta shall live only in tradition, -when the proudest laurels have withered, and the bloodiest sword has grown rusty, and the heroes of the most glorious and gory fields have sunk into oblivion, the electric chain which binds the human heart to those who have served humanity, will remain as bright, as beautiful, and as permanent as when first forged by the hands of the Almighty Architect Himself; the sacrifices, the martyrdom, and the victories of our noble profession will be cherished with delight through all coming time; whilst the achievements of medicine, as proclaimed in the employment of the microscope, in the discovery of anæsthetics, in the unlocking of the mysteries of physiology by the key of vivisection, in the perfection of the art of physical exploration, in the wonderful contributions which have been made to the departments of animal, vegetable and mineral chemistry, and in all the varied measures, principles and appliances with which modern science combats disease, mitigates suffering, and prolongs the duration of human life,—these, I say, will be regarded as the great criterion by which to determine the character of the age, and remembered with increasing gratitude and admiration whilst humanity has a friend, and science a temple upon the earth.

Let it be your first care to profit by this noble example. Let it be your delight to remember the virtues, to appreciate the struggles, and to rejoice in the triumphs of the heroes and martyrs who have adorned the annals of medicine. Let it be your highest glory to unite with the good and true men of every land in the holy work of advancing the cause of humanity, of elevating professional character, and of vindicating the honor of that vocation to whose sacred service you have this day consecrated your lives.

### OVARIOTOMY.

Prof. Byford, of Chicago, reports a successful case of ovariotomy in the person of a young lady, aged fifteen years, laboring under a multi-locular ovarian tumor of a very large size. After evacuating the contents of the tumor, cyst after cyst, it was through an incision three and a half inches long, along the line of the linea alba, and the ecrasseur applied. The result was entirely successful.

[Prof. Dunglison's Introductory Lecture at the Jefferson Medical College, Philadelphia, has just reached us, and, like everything proceeding from the pen of this venerable teacher and prolific writer, is well worthy of the compliment paid to it by the class. We wish we had more room for extracts, but these must suffice, viz.:

#### DR. DUNGLISON ON HOMOEOPATHY.

Perhaps there has been no sect or system which has offered us so many examples of faulty observation as that of the homoeopathists; for we are compelled to refer many, at least, of their so-called facts or "provings," as they term them, either to this cause—faulty observation—or to positive deception.

In a volume, issued by the Hahnemann Publishing Society of London, we are gravely assured, on the faith—be it borne in mind—of positive observation, that the presence of "a delusion, that thieves are in the house," is a symptom of arsenic having been taken; a "delusion, that men are swine," a symptom of henbane; an "imaginary vision of cats," an effect of æthusa;" an "imaginary vision of rabbits," an effect of stramonium; that "pretending to crack nuts" is a symptom of henbane; "pretending to count money" a symptom of belladonna; "pretending to drive away peacocks," a symptom of hyoscyamus; that if the patient "eats his shoes," it is an evidence that he has taken veratrum; that "to try to climb up the stove" is an effect of henbane; "to dance in a churchyard" a symptom of stramonium; and "an inclination to pull peoples' noses" a symptom of mercury.

We smile at the absurdity of these assertions of reputed experience, and cannot doubt their fallacy. Yet they are brought forward with an imposing array of authorities, and are sanctioned by a Society which must reckon among its members a number of well-educated, and, on other subjects, rational observers and thinkers.

To the followers of Hahnemann great influence has been ascribed in aiding in the abandonment, by the profession, of those heroic and perturbating means and appliances, which were, formerly, so generally, and, at times, so injuriously, had recourse to in many maladies; and the recovery of the sick under what has been termed their "marvelous exiguity of doses," may certainly have tended to the more rational therapeutics, which now prevails; but the main results have, undoubtedly, been owing to a better appreciation, on the part of the physician, of the play of those instinctive actions, of which we have

perpetual evidences in the maintenance and preservation of the animal economy, and in the removal, by the natural powers, of morbid conditions when within certain limits.

But even if benefit has resulted from homeopathy by its non-interference with those actions without which the efforts of the physician must be vain, there has been an overwhelming evil in the encouragement given by it to the vulgar belief, that there is a special remedial agent for every special diseased condition—for every symptom, indeed, of such condition—a belief, which the non-professional generally entertain, and which is too much encouraged by many—perhaps most—of our regular brethren; yet by none, it is to be hoped, to the same extent as by the professed homeopathist.

In the "Domestic Physician" of one, who, not long ago, was regarded as the great apostle of Hahnemannism in this country, but, since then, I believe a schism has taken place in the fraternity, and I know not how he is classed, at this time, in the scale of orthodoxy or of heterodoxy, we have numerous examples of ludicrous credences. In that strange work a remedy is presented for every aberration—mental as well as corporeal. Thus—in the words of the author—"If anger and vexation produce mental alienation, give Platina. When little children get into so violent a rage as to lose their breath or fall into convulsions, give Chamomile. If they shriek, and weep violently, with frequent attacks of coughing, give Arnica. If they continue to cry, and will not be pacified, give Belladonna; and if this does no good, give Hep, [Hepar sulphuris calcis?] the latter medicine but once."

It is said to have been the foible of an early and enthusiastic Superintendent of the Patent Office to fancy, that he had conceived the idea of almost every patent that was presented for his consideration. A distinguished friend of his—aware of his peculiarity—determined to experiment upon this foible, by asking him for a patent for a process for making plank out of sawdust, of which he said he was the inventor -a proposition, by the way, which really, although probably not known to the more modern propounder, was one of the earliest problems offered for solution by the Royal Society of London. "Oh," said the ready Superintendent, "I have long had that idea, and, in fact, the sounding-board of my wife's piano is formed of plank made out of sawdust." "But," replied his friend, "I propose to make pine plank out of oak sawdust." "Well," rejoined the Superintendent, "all you have to do is to add a little turpentine!" Unhappily this anecdote does not apply only to the homoeopathist. In our own ranks, we too

often witness this so-called "fertility of resources," a gift, as concerns the patient, rather, I think, to be deprecated than desired.

"Nothing," says the same homeopathic authority, "should be given for constipation in childbed, even though it last a fortnight, as it is, at all times, a very good sign, and promotes the strength of the patient. After a fortnight, one of the remedies recommended under constipation, particularly Bry., [Bryony] may be given; if it produces no effect in twelve hours, try it once more; and if, after the second dose, no evacuation takes place in a couple of hours, give an injection of lukewarm water."

Why, this reminds me of a most estimable and accomplished professional friend—now no more—who, when laboring under gastric disturbance, told me he was determined to trifle no longer, but, to use his own expression, "to take the bull by the horns," and he had, therefore, taken a Seidlitz powder!

But what shall we say of the success of homoeopathic treatment in small-pox? "Small-pox," observes the same writer, "is so easily cured by one or a couple of doses of Sulph. [sulphur] or Rhus, that this disease" [the much and properly dreaded small-pox] "should no longer excite any uneasiness."

My object in giving you these extracts from the works of professed and oracular followers of Hahnemann is not to attack the system. for I have long been satisfied that nothing but evil can result from the furious denunciations of it that have occasionally been made by those who-like ourselves-are regarded, by the public, as interested agitators; and yet I may be permitted to make the incidental remark, that there never has been, in my opinion, since the creation of the world, a tissue of more silly and baseless conceits. It is probably, however, as harmless as any that has been devised; and as there must apparently be some tub thrown out to amuse the whale, it may be tolerated with as much equanimity as any. It will strike you. that an inconceivable and impracticable amount of observation was required to determine, with anything like certainty or probability, the presumed adaptation of those homeopathic articles to the special morbid conditions, and the confident tone in which such adaptation is promulged; and, as I before remarked, there must have been in most, if not all of the cases, either faulty observation or positive deception and misstatement. Too many of the examples I have given. and I might have extended them almost indefinitely, belong, I fear. to the latter category—deception and misstatement; whilst numbers of so-called facts, recorded by the regular profession, may, unhesitatingly, be referred to the former, or to faulty observation.

### DR. DUNGLISON ON PRELIMINARY EDUCATION.

I have not the opportunity, even if I had the inclination, to enter at large into the question as to what general preparation and mental discipline are necessary for the medical student, or what knowledge ought to be preliminary to the investigation of the medical sciences. It will not be contested that the education of the youth, who is intended for the medical profession, should be essentially that adapted for the well-educated gentleman. With you, the period has passed in which your strictly preliminary education had to be obtained; but, with some of you, branches of learning may have been neglected, for want of opportunity or inclination, an acquintance with which is still within your reach; and, with all, there is yet ample time to improve your knowledge of educational matters, which ought properly to have been preliminary.

To restrict your acquaintance with the Latin language to at least so much Latin as may enable you to translate or write a prescription—to employ the language of the American Medical Association—would be as injudicious as it would be unsatisfactory. In fact, the writing of a prescription in our ordinary mode requires rather a knowledge of technical terms than of Latin; and hence, every apothecary's boy soon learns all that is required by the Association of the professional student, whether his attention at school or college has been directed to the humanities or not. It would have been more to the purpose, if that body which assumes to represent the profession of the country, had recommended that the youth, intended for the medical profession, should have the intellectual and moral training that befits the well-educated gentleman; and all will be prepared to admit that the Greek and Latin languages form an integrant part of such training.

The rich stores of information, contained in the classical writings of the Grecian and Roman fathers of our art, it would be well to be able to read in the languages in which they were originly couched; and yet, in the pursuit of such a luxury, it would be unadvisable to dissipate the time which ought to be devoted to the attainment of what is strictly necessary. It is true, that where translations exist, the English language communicates to the mind of the inquirer the thoughts and spirits of the Greek and the Roman. As regards too many, perhaps most, of the best works on professional subjects that

appear in the various Teutonic and Romanic tongues, they are speedily transferred to our own. Still, what a treasure is contained in the literature, medical and general, of Greece and Rome, and in that of modern France and Germany more especially, which must, forever, escape one who is unacquainted with the languages of those countries; and hence, a knowledge of them, and, if practicable, of the Italian and Spanish, becomes, certainly not indispensable, but as certainly most advisable.

It was properly urged by one of the most learned and venerated physicians of the British metropolis,* and his observations apply with even greater force to this country, that in laying down any scheme of education, we must take care to make it suitable to the majority of those who are to be educated. "There may be circumstances in their condition and objects, rendering that education, which is the best in itself, not the best for them. Such circumstances belong, in an especial degree, to our profession. Very few enter it who are not to live by it; very few who are not required to exercise its practical duties early, from the necessity they are under of beginning, as soon as possible, to support themselves: so that the majority cannot wait to be made philosophers before they become practitioners. homely considerations, but they are true, and most important to be borne in mind; so important, that they, above all other considerations, ought to regulate the kind and extent of knowledge which should generally constitute the education of medical men in this country." (Great Britain.)

"The necessity under which the majority find themselves of exercising their profession early, requires that they should be made practitioners in the easiest and the nearest way. Their knowledge should be of things obviously and confessedly necessary, and this knowledge ought to be rigidly exacted, and nothing more; for if you go beyond this you ruin the purpose you wish to serve. There are, doubtless, many things out of the profession, by the previous knowledge of which, the things within the profession are better understood. Such previous knowledge you may recommend; but you must not demand it. You may recommend, that every man, before he enters upon the study of physic, should obtain the best general education within his reach; but you must specify nothing as absolutely necessary but what bears immediately upon professional use."

^{*} Dr. Latham.

Entitled to it by professional position, you are destined to take your place in society in intimate association with the cultivated and the best, and no pains must be spared to fit yourselves for so important a station. Undoubtedly, your profession should be the main object of your assiduous culture; but strive, in addition, to make yourselves distinguished for your general information. Neglect not polite literature. Keep pace with the improvements of general science, as far as may be, without detriment to your chief pursuit. With the ancients, the fabulous Apollo was not only the god of Physic, but of Poetry and Eloquence, and in the ranks of our profession have flourished some of the most exalted ornaments of physical and moral science.

### The Whey and Grape Cures in Germany and Switzerland in the Treatment of Chronic Diseases.

In France, with some few exceptions, no attention has been methodically devoted to the whey and grape cures; they are, in general, not considered sufficiently important to deserve much consideration. In Germany and Switzerland the reverse is the case. Whey and grapes are there not only popular as a means of treatment of disease, but also have a place assigned in the important class of mineral waters, with which they are associated under the name of organic mineral productions, and an increasing number of patients flock every year to the various establishments devoted to their exhibition.

Dr. Lersch, one of the German authors who have best treated this subject, estimates at three hundred the number of these establishments, a figure which has since been nearly doubled. In the North, Rehburg, in Hanover, where goat's whey is distributed, is one of the most important. Liebstein, in the principality of Saxe-Meiningen, Rosenau, in Moravia, also deserve special mention. Schlangenbad, in the Duchy of Nassau, is one of the most agreeable places among those devoted in the region of the North to the sero-lacteal treatment. In the Southern regions, the most frequented establishments are those of Baden-Baden, Badenweiler, Gleisweiler, near Landau, Beuron, Ischl, the most celebrated spa of the Austrian empire. The whey taken there is principally that of the ewe, preferably prescribed for pulmonary phthisis. In Styria, there exist many whey establishments, which are, at the same time, important as spas; for instance, Neuhaus, Rohisch, etc. But the Southern station of all the most deserving favor is in the Alps,

and within sight of Italy, Méran, a locality which, for its climate, its whey, and its grapes, is the most renowned in Germany; its fame has even reached the interior of Russia, and, thanks to its average temperature of 364 degrees (Fahrenheit) in January and February, it is peopled in winter with numerous invalids. But whey exists wherever flocks are to be found, and for this reason it is the object of such extensive speculation in Switzerland. Most usually, this kind of treatment is instituted in thermal establishments, or in their vicinity, because it has been ascertained that whey mixed with mineral water. and exhibited either in beverage, or more rarely in baths, imparts new virtues to both these medications, sometimes increasing the activity of the whey, and at others tempering the too great power of the springs. Mr. Carrière observes, with regard to phthisis, that the mineral waters in which whey proves most beneficial are the sulphureous, which contain much chloride of sodium. The author describes as follows the manner in which the sero-lacteal treatment is practiced in the principal establishments of Germany and Switzerland:

"In order to measure with precision the quantity of whey exhibited, glasses are used similar to those of Carlsbad, which contain about 4 oz. of liquid. The first dose is taken fasting, and the second after a quarter of an hour's walking exercise in the open air or under shelter, according to the weather. It is almost indispensable that the whey should have been recently prepared, although, as we have already stated, excellent precautions are taken to preserve its temperature. The establishments, considered the best, renew their stock three times a day in order to insure its freshness. It is an advantage, not without value, to take the whey on the very spot in which it is prepared, or very near it. If it should come from afar, it is better to drink it at the springs, like a glass of mineral water, than to wait for its dis-In the early stages of the cure, two glasses are not exceeded; if no obstacle should arise, and no great perturbation of the digestive organs occur, the daily dose may be increased to four or five glasses, equivalent to about 11 pints of whey. This applies to cow's milk whey only, according to Dr. Mojsisovicz, from whom we borrow all these details. But for goat's or ewe's milk whey, both less digestible, and applicable, especially the latter, to the cure of pulmonary phthisis, it is essential to proceed with greater moderation. Patients laboring under tuberculosis should never take more than three glasses, at intervals of at least half an hour. Two glasses should be drunk in the morning fasting, the third towards the middle of the day.

not, however, possible to lay down absolute limits on this point. In consumptive cases especially, it would be difficult to establish beforehand how the cure is to be continued after the first days. The practitioner must, in the first place, study his patient, and then act according to the symptoms and complications which may arise; but he must especially not allow himself to be discouraged. Whey is not one of those remedies, the efficacy of which proceeds by rapid and unexpected changes; its action is slow, and patience is necessary. Perseverance has, in this treatment, been the secret of many cures.

"Invalids should not confine themselves to a short season devoted to the treatment, says Dr. Helfft; the cure lasts from six to eight weeks at most, which is but a short time for a result of any importance. Not only is it desirable to resume the course of treatment, if possible, after an interval of rest, but it is still better to continue it at the new residence. If the patient is consumptive, and takes up his winter quarters in a mild climate, an additional reason exists to strengthen the influence of the climate by that of the remedy. It is thus the most favorable chances are combined for the attainment of the final result."

The diseases in which whey would seem to be productive of most benefit, independently of all theoretical interpretations, are chronic bronchitis and incipient phthisis, obstruction of the viscera occasioned by intermittent fever, the abdominal form of hypochondriasis, hæmorrhoids, obesity, hyposthenic affections in women and children, nervous derangement kept up by debility, etc.

"The grape-cure," says Mr. Carrière, "consists in making entire meals several times a day exclusively of grapes. These repasts, added to others, supply for the day an amount of nutriment sufficient to satisfy the best appetites. Patients begin with a pound, and progressively increase the quantity to two, three, and even six and eight, the extreme limit usually attained; few consume larger quantities.

"The first portion must be taken early in the morning, not at home, but in the vineyard, when the sun has not yet absorbed the humidity on the grape, and the fruit is in all its freshness. This recommendation does not apply to consumptive patients, for whom the early morning influences are unfavorable, and even dangerous. The sun must have heated the lower layers of the atmosphere, for the advantages of exercise not to be annihilated by an aggravation of the symptoms. The early repast in the vineyard, in the first haze of morning, when the temperature is still low and the wind cool, is suited for such organi-

zations or idiosyncrasies only as require motion in the free oxygenized air to urge the circulation, and rouse the system from its inertia. first meal should be the most copious. The stomach is empty, and can receive more food than in the course of the day. The other grape repasts must be regulated so that the doses of fruit may be nearly equal. The morning walk should last two hours, when a breakfast consisting of bread and water should be taken. If the weather is unfavorable for walking exercise out of doors, elegant rooms for the purpose are to be found in all such establishments, sheltered from the inclemency of the atmosphere, which is generally not to be depended on in mountainous countries. The second grape meal should precede dinner. which takes place about two o'clock; the third at four or five; and the last, a few minutes before bedtime, and almost immediately after the light repast which closes the day. This system is persevered in regularly for five or six weeks, not until the cold drives patients away from the establishments, but until the vintage has completely stripped the vine-stocks.

"Some monographers carry their recommendations too far, and advise the invalids to avoid swallowing the skins and stones, because both are difficult of digestion. The treatment should not be rendered troublesome by unnecessary precautions. The grape-cure is one of those in which the greatest liberty should be left to the patient, not with regard to the regimen properly so termed, but to the treatment. If he can bear well the few pounds of grapes he takes in the day, he may increase the dose, or even exceed the prescribed limits. This kind of imprudence will generally present fewer inconveniences than advantages, and will seldom give rise to regret."

The whey and grape cures, particularly the latter, were well known to Professor Chomel. In his *Treatise on Dyspepsia*, this eminent physician recommends them under the denomination of extra medical treatment, as suited to impress the mind favorably, and subsequently to react with advantage on the system.

In Mr. Carrière's estimation, the predominant virtue of the grape is observable in diarrhœic discharges even in their gravest forms. The various diseases which derange the functions and affect the nervous system of the digestive organs, may likewise be remedied by this treatment. The grape-cure is also efficacious in abdominal and hepatic plethora and their attendant affections or complications, such as obstruction of the spleen, of the larger vessels, and hæmorrhoids. It is not less beneficial in the principal varieties of dyscrasy, such as scrofula,

tuberculosis, and pulmonary phthisis, gout and cutaneous affections. Finally, it advantageously removes hyposthenia and its concomitant symptoms, whether proceeding from a peculiar condition of the constitution or from causes of a different order.

#### SPECIALISM AND GENERAL HOSPITALS.

On former occasions we have endeavored to analyze the circumstances which have led to the divorce of several diseases from the general body of medicine for the purpose of treatment in distinct establishments. We think it is sufficiently obvious that most of these circumstances are purely artificial and arbitrary. With the rarest possible exceptions, special hospitals have arisen either from erroneous ideas of contagion, as in the example of Fever hospitals; from mistaken moral doctrines, as in the case of Lock hospitals; from the great disproportion of the existing hospital accommodation to the numbers of sick to be relieved, and the chronicity of particular diseases, which tends to encumber the wards, to the exclusion of acute cases-hence the plea for hospitals for phthisis; from the former exclusiveness and tendency to corrupt monopoly in the government and staff of the general hospitals; from the spirit of speculation and enterprise-not always honest-in individuals, not always of the medical profession; from the comparative neglect of particular diseases by the physicians and surgeons of the general hospitals, thus leaving them to be contended for by unmitigated charlatans on the one hand, and by specialist practitioners on the other, as in the case of diseases of the ear and skin, and deformities; and from private speculation, pure and simple, without any excuse from charity or science. Now a candid and liberal inquiry into all these circumstances will speedily dispel the belief, begotten of error, and nurtured by the habit of slothful acquiescence, that the vast majority of special institutions fulfill any useful purpose. The most ardent disciple of Coptic medicine will hardly contend that the system of treating the limbs and organs of the human body as if they were not component parts of one whole, but independent entities, each refusing to be understood by the devotees of its neighbors, has ever led, either in ancient or modern times, to any solid advancement in medical knowledge. It may be true that in certain semi-civilized communities, as in India, some individuals, consecrating themselves exclusively to the restoration of nasal deficiencies, acquire a particular skill in the Tagliacotian operation, and that others become expert phlebotomists, just

as, in this country, some persons acquire great dexterity in corn-cutting; but it will not be pretended that this minute mode of practice has yielded any scientific fruit, or added anything to the common stock of knowledge. The advantage begins and dies with the individual practitioner. The system is essentially selfish, barren, commercial, and degrading. It tends to the destruction of science, and the substitution of art in its stead. And if thus adverse to the interests of science, it is needless to show that it must be equally opposed to the principles of charity. The welfare of mankind is so intimately dependent upon the progress of science, that whatsoever obstructs that progress cannot fail to dry up or to impoverish the sources of those benefits that charity would dispense to the afflicted.

It is in vain, then, that our modern Copts, or divisive doctors, call upon Science and Charity, as the patronesses of their special medical temples. Neither goddess answers to an appeal which both know is only uttered in hypocrisy, and is simply meant to conciliate interest with Pluto.

It may be roundly affirmed that, in this country at least, any attempt to establish special schools, whose teaching shall be confined to subdivisions of Medicine or Surgery, will utterly fail. If we take the most prominent and favorable examples.—the Moorfields Ophthalmic Hospital, and the Lying-in Hospitals,—we see but small encouragement in this direction. The first institution has, undoubtedly, rendered great service to surgery; but it has mainly been by giving concentrated facilities for scientific observation and operative dexterity to a few men, who at the same time took care not to neglect the cultivation of general surgery. As a means of instruction to the mass of students its utility has been limited indeed. The scheme of medical education and the geographical extent of the metropolis render it next to impossible for any considerable number of students to devote a sufficiently close attention to an ophthalmic hospital situated at a distance from the medical On the other hand, this winnowing of a large proportion of the eye diseases from the great hospitals creates a positive difficulty to the dissemination of a knowledge of ophthalmic medicine by taking away the means of clinical instruction from those very places where alone students can profit by them.

We believe it is universally felt amongst those who are engaged in teaching and examining candidates for the medical profession that it is not desirable to multiply even Eye Infirmaries—the solitary exception admitted by Sir Benjamin Brodie. The argument that the abstraction

of particular classes of diseases from the schools deprives the medical student of the opportunity of pursuing a complete and scientific course of instruction, applies not more to Eye Infirmaries than to other special It is an evil that strikes at the root of all sound and philosophical medicine. It is an evil so great that the founders of special hospitals in most cases deserve the severest censure of the profession, and the public. There are, of course, exceptions to this rule, and the Hospital for Epileptics is one, and a splendid one. of the Lying-in Hospitals is even weaker than that of the ophthalmic in-At one time, before their own fatal experience had condemned them, it might be imagined that parturient women ought to be treated in hospitals apart. But with the history of almost every Lying-in hospital in the world to inform us, we now know that the aggregation of lying-in women, so far from being sanctioned by charity, could only be stigmatized as an inhuman proceeding, did we not feel that the motives of the founders were benevolent. And, in a scientific point of view, they cannot be said to offer any special advantage but that of studying puerperal fever and other diseases which they create. In practice it has been found absolutely necessary to establish maternity charities in immediate connection with our hospital schools for the purpose of clinical instruction in obstetrics, and this with the happiest result for the poor.

In like manner there has been of late years a growing tendency to reunite to the general hospitals, those classes of disease which false theories of public convenience and other causes had been scattering abroad and consigning to specialism. This tendency ought to be the earnest endeavor of us all to foster and to aid. The present demonstration against special hospitals-although the most universal and weighty expression of professional opinion ever uttered—will fail in its most important object unless it result in the practical assertion of the unity of medicine by the gathering together of its disjuncta membra in our great general hospitals. The diseases which exploded doctrines or the laches of hospital physicians and surgeons had expelled, such as fever, in all its varieties, eye diseases, syphilis, deformities, the diseases of women and children, must again be admitted. We believe, indeed, there is now no general hospital in London where fever cases are rejected. In the out-patients' department, at least, syphilis receives ample attention. In some hospitals there is an eye clinique. The surgeons no longer scorn to treat a contracted limb, and have discovered that there is no impenetrable mystery in the art of cutting the tendo-Achilles. A few beds, but a very inadequate number, are now assigned to female diseases. One hospital—a new one—has actually gone so far as to appoint an aural surgeon. And, prompted by the Privy Council, the great hospitals have quite recently opened vaccine departments, for the purpose of giving practical instruction in all that relates to vaccination. This last step we regard as peculiary beneficial, because it has already had the effect of affording the pupils an opportunity, from which they had been hitherto debarred, of studying many of the diseases of infants. The vaccinating-room must necessarily become an important clinique for pædiatrics, supplying a serious deficiency in the obstetric department.

All these are good signs. But there is still ample room for improvement. The increased standard of efficiency demanded from practitioners should weigh with other reasons in urging the governors of hospitals to second the efforts of their staff in rendering our schools of medicine perfect in all the materials for instruction. Together with the advancement of true science, with the diffusion of the blessings of real charity, will proceed the decline and fall of specialisms and quackery.—London Lancet.

[The above highly suggestive article is entitled to special consideration.—Ed. Gazette.]

#### ARAGO ON FRENCH PHYSICIANS.

Preference to the most suffering, to those in most danger, disregarding rank and fortune, such was the sublime rule of the medical corps; and such is still its gospel. I want no other proof than the words of Larrey to his friend Tanchou, wounded at Montmirail: "Your wound is slight, sir; in this ambulance we have room and straw for serious wounds only. They will take you into that stable." The sentiments of the medical body towards the suffering poor are not to be doubted in the country where Antoine Petit said to the irritated Marie Antoinette: "Madame, if I came not yesterday to Versailles, it was because I was attending the lying-in of a peasant, who was in the utmost danger. Your majesty errs, however, in supposing that I neglect the dauphin for the poor. I have hitherto treated the young child with as much attention and care as if he had been the son of one of your grooms."—Arago's Biographies, 1st series, p. 163, Eng-Trans.

# DRUGGISTS NO POISONERS.

The importance of adopting a simple precaution, such as that of a narrow neck in bottles containing potent medicines and an angularfluted figure in addition for external applications alone, can only be fully appreciated by those who know how frequently life has been sacrificed in the course of only a few years by mistakes, originating either in the druggist's shop or with the patient, such as would have been prevented by a peculiarity in the form of the vessel, which, from its causing the potent fluid or powder to drop slowly instead of running in a full stream, could not fail to attract the attention of the manipu-We do not propose that this contrivance should supersede the most careful preparation of the labels; indeed, it is only suitable to recall attention to the label when this has been accidentally misread. We do not propose that it should supersede any precaution, safeguard, or conscientious care now employed for the purpose of preventing accidental poisoning. We desire that it shall be superadded to all these. In the subjoined list of fatal accidents there is scarcely one which this plan would not have saved. It may be adoped without difficulty, delay, or inconvenience. The experience of the Army Medical Department, and of at least one large dispensing establishment, has demonstrated its practicability.

For the sake of the public safety, druggists should forthwith adopt this precaution; and patients and physicians should combine to require it at their hands. We mentioned last week four cases of accidental poisoning which might thus have been prevented. We turn to the pages of the Pharmaceutical Journal as presenting probably the most reliable record of these fatal occurrences, and we find a long list each year. It is certain that our list is far from complete, since it does not even include two of the fatal accidents with which our memory supplied us last week. Moreover, it omits that far larger number of cases in which death has been escaped by a lucky chance, or by the urgent and skillful application of antidotes. But it furnishes a terrible roll of misadventure, such as probably few would expect to see. It supplies, too, a most unanswerable argument for the immediate improvement of the methods of storing poisons in chemists' shops and elsewhere, and of increasing the characteristic distinctions of potent medicines when dispensed to invalids. The precaution which we recommend is at once effective and practicable. Others may, perhaps, still be suggested.

Beginning with the fatal cases of accidental poisoning recorded in the year 1859, we find:

Strychnine given in place of santonine, in Belgium, October, 1859, resulting in the death of a child.

Laudanum given instead of black draught by a chemist's assistant at Canterbury, Nov., 1859, causing death to a young man named Cole.

Child poisoned by having essential oil of almonds administered instead of a mixture for a cough.

Arsenic accidentally taken by a young lady instead of sulphur, at East Ville, Lincolnshire, April, 1860, resulting in death.

A child accidentally poisoned by a nurse at Walworth, March, 1850. An embrocation given containing laudanum instead of the proper medicine. "The coroner said if an Act of Parliament were passed, compelling chemists or medical men to dispense all poisons or poisonous mixtures in colored bottles, instead of white, such fatal mistakes as the present would be prevented."

A child poisoned at York, April, 1859, by the administration by its parents of a tea-spoonful of a mixture containing essential oil of almonds, which had been supplied to them in mistake by a chemist for "oil of sweet almonds and syrup of violets."

Child poisoned by colchicum wine, sold by a chemist at Camdentown, instead of antimonial wine, Feb., 1859.

Woman poisoned by an overdose of Dover's powder, alleged to have been given her by mistake as an out-patient of St. George's Hospital, Nov., 1859.

Wholesale poisoning by arsenic at Bradford, Dec., 1858. Query—If the cask containing the arsenic had been distinguished from that containing daff by some such contrivance as making it impossible to take off the lid or move it without causing a bell (fixed somewhere on the cask) to strike, might not the young man have been warned by it, and the twenty-five deaths been prevented?

Woman poisoned at Manchester, October, 1858, by taking muriate of barytes instead of salts.

From The Times, Sept. 30th, 1859:—" Last week five persons suffered considerably from taking an overdose of tartar-emetic, the person who administered the dose as a cooling beverage to the others and to himself having completely forgotten the difference between tartar-emetic and cream of tartar." Note.—Had the tartar-emetic been in a vessel indicating its poisonous character, the "forgetfulness" would have been remedied; the person could only have got the powder out of one of the new bottles in minute quantities at a time.

#### ON THE DISEASES OF PRINTERS.

By Dr. van Holsbeek.

Dr. van Holsbeek having enumerated the diseases resulting from overwork, from intemperance, want of cleanliness, vicious habits, protracted watching, &c., proceeds to speak of the morbid affections more specially belonging to the printer's art. Fissures of the lips, of varying depths, are of frequent occurrence; at other times tumors are developed on the inner surface of the same parts, which are nothing else than follicles whose excretory ducts are closed. These tumors sometimes inflame, become highly painful, rapidly ulcerate, and assume a cancerous appearance. Such affections of the lip are owing to the habit some compositors have of putting into their mouth the types still moist with the fluid which has served to wash them. is frequent, as is diarrhoa; the latter is, however, of a transitory and mild nature. Among the most common affections are those of the respiratory passages, of which laryugitis and bronchitis are the principal; pleuritis is rare; pleuro-pneumonia is frequent and severe. These diseases are favored by the curved position which the printers are obliged to maintain during their work, particularly when they correct on the forms, and still more by the night-work, by gas-light, by the dust and emanations in places often confined and badly ventilated. Nearly twenty-five per cent. of printers die of tuberculosis, either hereditary or acquired. Diseases of the heart prevail among the pressmen; hæmorrhoids are rare; varices and varicose ulcers are of frequent occurrence: the compositors who correct on the form frequently suffer from cerebral congestions and hæmorrhage. Among nervous diseases we observe tremor of the hands, against which the author successfully employs the electric current. Saturnine colic and paralysis are rarer than formerly, an improvement due principally to the difference in the composition of the materials of which the type is made, to the precaution of cleaning it from dust, as well as frequently rubbing the boxes which contain it; lastly, to the care of the workmen, who no longer put the letters in their mouth. Hernia is common, particularly among the pressmen; in them we occasionally observe distortion of the joints of the fingers. Fissures and callosities form on the thumb and index finger of the right hand, on account of the roughness of the characters, particularly if they are new and damp with the matters with which they are polished; moreover, in consequence of the habit the printers have of washing themselves with alkaline water or bad soap. opia and myopia, so very prevalent among typographists, terminate the sketch drawn by the author of the diseases of this interesting class of artisaus, with whom we are in daily contact, and whose intelligence and diligence we have constant reason to admire.—Lo Sperimentale, Documber, 1859, page 560.

### AMBRICAN MEDICAL LITERATURE

In the numbers of this journal for the past year, we have several times called attention to the healthy growth which was taking place in our medical literature, and which we believed would secure to it a brilliant future. This growth has been since steadily going on, and our anticipations of the result have been fully realized. The works of Drs. Wood, Bartlett. Palton, Gross, Condie, Flint, La Roche, Meigs, &c., &c., have been received not only with the greatest favor at home, but have obtained the highest commendations from the critical press of foreign countries. We have on previous occasions adverted to some of the tavorable notices given of the works of the authors just named, and we would now call attention to the encomiums which have been bestowed on the more recent works of Dr. A. Stillé and Prof. Hamilton.

The Edinburgh Medical Journal, of September last, in a review of Dr. Stille's Therapeutics and Materia Medica, thus speaks of it:

"Rarely, indeed, have we had submitted to us a work on medicine so ponderous in its dimensions as that now before us, and yet so fascinating in its contents. It is, therefore, with a peculiar gratification that we recognize in Dr. Stillé the possession of many of those more distinguished qualifications which entitle him to approbation, and which justify him in coming before his medical brethren as an instructor. A comprehensive knowledge, tested by a sound and penetrating judgment, joined to a love of progress-which a discriminating spirit of inquiry has tempered, so as to accept nothing new because it is new, and abandon nothing old because it is old, but which estimates either according to its relations to a just logic and experience-manifests itself everywhere, and gives to the guidance of the author all the assurance of safety which the difficulties of his subject can allow. clusion, we earnestly advise our readers to ascertain for themselves. by a study of Dr. Stille's volumes, the great value and interest of the stores of knowledge they present. We have pleasure in referring rather to the ample treasury of undoubted truths, the real and assumed conquest of medicine, accumulated by Dr. Stillé in his pages;

and commend the sum of his labors to the attention of our readers, as alike honorable to our science, and creditable to the zeal, the candor, and the judgment of him who has garnered the whole so carefully."

In the Archives Générales de Médecine, for June last, it is reviewed in equally favorable terms.

The reviewer observes:

"If it were desirable to prove the rapid diffusion of medical knowledge, we could not point to a better example than this treatise on therapeutics. The author, who seems to have spent some time in France, is so familiar with all our doctrines, and even with all our opinions, that his erudition might well be envied by some of our own compatriots. He is no less at home with the investigations of English and German science, and he makes use of all these materials with a skill and discrimination which must give his work a classical position among the text-books prepared for American students. * * * Being under the necessity of criticising it as though it were a French treatise on therapeutics, our highest expression of praise is to record our regret that it is not among the manuals used in our own schools. * * Notwithstanding these little criticisms, which are rather matters of praise in an elementary work, Dr. Stillé's book deserves to be classed among the best and most practical treatises on therapeutics."

Prof. Hamilton's Treatise on Fractures and Dislocations has been equally favorably noticed abroad. The London Lancet (May 5, 1860,) pronounces it to be "a valuable contribution to the surgery of most important affections;" and adds, "it is the more welcome, inasmuch as at the present time we do not possess a single complete treatise on fractures and dislocations in the English language. It has remained for our American brother to produce a complete treatise upon the subject, and bring together in a convenient form those alterations and improvements that have been made from time to time in the treatment of these affections. One great and valuable feature in the work before us is the fact that it comprises all the improvements introduced into the practice of both English and American surgery, and though far from omitting mention of our continental neighbors, the author by no means encourages the notion—but too prevalent in some quarters that nothing is good unless imported from France or Germany. latter half of the work is devoted to the consideration of the various dislocations and their appropriate treatment, and its merit is fully equal to that of the preceding portion."

# EDITOR'S TABLE.

# CLOSE OF THE VOLUME.

The present December number closes Vol. XI. of the AMERICAN MEDICAL GAZETTE, and is the last number for the year 1860.

ALL our subscribers are reminded that their prepayment for 1861, of two dollars, should now be remitted, if they intend to continue on our list, and receive the GAZETTE as usual; as payment in advance is henceforth the rule.

Delinquents, we are ashamed to say, are numerous, more than two hundred having failed to pay for 1860, and nearly the same number are in arrears for 1859. Those who fail to receive the GAZETTE as heretofore, after this number, will know the class to which they belong, and may renew their subscription by remitting their arrears.

All money mailed to us is at our own risk.

New subscribers should begin with the January number, which opens the 12th volume, as we cannot engage to supply those who delay later than that month. The edition will be conformed to the number of subscribers who pay in advance, and delinquents will be stricken from the list. We still retain some hundreds who have always prepaid from 1850 until now, and but for our regard for these, we should have retired from the toils of journalism.

# NEW YORK ACADEMY OF MEDICINE

Important discussions have occupied the late meetings of this body, and have since appeared in the *Bulletin*. The employment of intravaginal and intra-uterine pessaries in the treatment of uterine prolapsus, and other "displacements," are again coming into fashion. Drs.

Peaslee, Sims, Thomas and Gardner, were the prominent speakers, and the whole subject of pessaries was ventilated pro and con, including the narration of cases by some of these gentlemen, from which latter we infer that these instruments are constantly used unnecessarily, very often injuriously, and when successfully, in cases which could be cured without them. The indiscreet and even indiscriminate introduction of pessaries, to which certain specialists, and those ambitious to become such, are addicted, needs to be repressed, not encouraged. mischiefs and dangers, when injudiciously used, need to be dwelt upon; and especially the intra-uterine pessaries, by which untold evils, often irreparable, have been inflicted upon wives and mothers, even in the attempts to introduce them, and still worse, by failing to remove them, after it had been demonstrated that they were not merely useless, but terribly mischievous. Moreover, pessaries are merely suspensory and palliative, and fail to cure prolapsus, but often make it worse. have often known them to be worn by medical advice, when a highheeled shoe would have been equally effectual, and less injurious. But new pessaries are invented by almost every specialist.

The President read a paper on Tetanus, in which he expressed the opinion that traumatic tetanus is a self-limited disease and wears itself out; and infers therefrom that "support, and guarding against spasm," are the indications of treatment called for, and that these are best fulfilled by "asafcetida in enemata, wine and fluid nourishment." He thinks the disease lasts from three to five weeks, before it "wears itself out," and that one half of those judiciously treated recover! the mortality being referred to the "excessive employment of powerful remedies." He founds these opinions on a report of thirty cases, of which only eleven! proved fatal, these being doubtless "self-limited," for he admits that in fatal cases death is apt to occur in four or five days.

These will be strange notions to practical men everywhere, whose experience has taught them, that in cases of traumatic tetanus, death is the rule, and recovery the exception, and this with or without treatment. And by turning to the authorities, it appears that the exceptions were those treated with what Dr. W. would call powerful and even excessive medication, viz., opium, chloroform, VS. aconite, counter-irritants to the spine, mercurials, &c. We have ourselves seen more than 30 cases of traumatic tetanus, and have witnessed only three or four recoveries, all the rest dying in a very few days, from the exhaustion, ending in asphyxia, which characterized most of the fatal cases. Nor in any of these were any powerful or excessive measures taken, possibly

And since writing the above, the November number of the London Lancet having reached us, we find the Hospital record of the month so appropriate and corroborative of our strictures on tetanus, that we insert the cases in King's College, by Mr. Fergusson; St. Bartholomew's, by Mr. Stanley; Middlesex Hospital, by Mr. De Morgan; and the London Hospital, by Dr. Curling; men who know what they are talking about. The notion, by whomsoever taught, that tetanus is not always a dangerous disease, imminently hazardous to life, and likely to be fatal at any period from one day to thirty days, as in the cases here related, finds no countenance among these practical men.

Their testimony is as follows, viz.:

"In the consideration of tetanus, it is melancholy to reflect, that recovery is the RARE exception, and fatality the ALMOST invariable rule!"

#### CASTLETON MEDICAL COLLEGE, VERMONT.

This veteran School announces in this number its Sixtieth Session, commencing on the last Thursday in February, and continuing four months. It has eight professors, and holds one session annually. has now a Faculty of able men and experienced teachers, and those who find it convenient to attend a Spring Course, cannot do better than avail themselves of the facilities here afforded, which cannot be excelled anywhere in a country school. The locality is healthy, the society excellent, and the instruction will be thorough and by practical men. Moreover, the expense, which, with many, is a consideration, will be less than half that incurred in any of the Atlantic cities. No man will ever regret attending three full courses of lectures during his pupilage, which, by law, cannot be less than three years. Those students who attend Winter Courses in any of the cities, will profitably employ the Spring months by spending one session additional at Castleton, which can be reached from New York by railroad, in a very few hours.

### DEATH'S DOINGS.

Dr. John C. Covil, long the physician to our city prison, died Nov. 4th, 1860, æt. 52. He was an industrious and worthy man, and a faithful public officer. His place is already filled by the appointment of Dr. Abbot Hodgman, with Dr. John Simmons as assistant.

Dr. Richard K. Hoffman, formerly of the N. Y. Hospital, died in this city during the last month, æt. 70. He was an able and estimable man.

#### DR. OLIVER WENDELL HOLMES AND HIS CRITICS.

We have inserted in the GAZETTE only a few of the criticisms which the late cration of Dr. Holmes has called forth in the journals; and have contented ourselves with the brief "Book Notice," written on the receipt of the pamphlet; and, as we think, justly condemning it as unworthy of its author, and disreputable to his profession.

It weems, however, that while several of the journals lack courage to say what they think, at least two of them openly avow themselves as endorsers of the heresies of Dr. Holmes, and undertake his defence, even in the most exceptionable portions of his pamphlet. We allude to Dr. Brainard's Journal of Chicago, and Dr. J. Dickson Bruns' Journal and Review of Charleston.

While this fact proves that medical skepticism exists in our ranks, where we least expected it, yet we look in vain for that "Consistency which is a jewel," and ought to be pathognomonic of a physician, in the writings of any of this new sect. For while maintaining with Dr. Holmes, that all drugs are useless and mischievous, except only "opium, wine and anasthetics," yet these sapient gentlemen still fill their journals with high commendations of the most noxious and deleterious drugs in the Materia Medica, publish cases of cure by the most violent medication, and labor with all their might to indoctrinate the profession into the faith in drugs, which is Dr. Holmes' peculiar horror.

From the identical number of the Charleston Journal and Review, in which Dr. Bruns puffs Dr. Holmes, and his treasonable and denunciatory pamphlet; and reaffirms his worst arguments in behalf of quackery, and his puerile rhodomontade against medicines, as worthy only of being "thrown into the sea for the benefit of mankind, and to poison the fishes," we have amused ourselves with the catalogue of drugs, which this honest and consistent reviewer recommends, by publishing the cases in which they have been usefully employed, in this same November number, which repeats Dr. Holmes' protest against all but "opium, wine and anæsthetics!" Look at this picture—and then on that! Here follows the list of "innocent, harmless drugs," so highly recommended, with other potent agencies, by Dr. Bruns and his correspondents, viz.:

Sulphate of Copper, Tartar Emetic, Nitrate of Potash, Sulphate of Zinc, Iodide of Potash, Ergot, Hoffman's Anodyne, Sulphuric Ether, Chlorate and Citrate of Potash, Acids and Alkalies, Ipecacuanha, Spt's Terebinthini, Nitrate of Silver, Iron, Strychnine, Belladonna, Calomel every two hours, gr. ij., Quevenne's Iron, Quinine, Cannabis Indica,

Castor Oil, Cream of Tartar, Camphor, Aconite, Nitric Acid, Nitrate of Copper, Acetate of Ammonia, Leeches, Pyroligneous Acid, Alum, Creosote, Acetas Plumbi, Tr. Ferri Mur., Hydrarg. cum creta, Collodion, Caustic Potash, Actual Cautery, Matico, Persulphate of Iron, Blood-letting, Fomentations, Alteratives, Stimulants, Cathartics, Diaphoretics, Iodide of Iron, Iodide of Quinine, Vegetable Tonics, Mineral Acids, Hydrastis Canadensis, Myrrh, Turpentine, Chlorides of Soda, Lime or Zinc, Nux Vomica, Veratrum Viride, Compound Cathartic Pills, Sesquicarbonate of Ammonia, &c., &c.

Now suppose Dr. Holmes' benevolent wish, re-echoed by this journalist, that all these agencies were thrown into the sea, were realized. What would have become of all these patients? Or suppose that a single one of these remedies, viz., Quinine, and its equivalents, were annihilated, pray what would become of our Southern brethren in malarious districts, rife with their climatic fevers? Would not city and country be decimated, aye, depopulated in a single year? And this, though opium, wine, and anæsthetics were abundant. But we forbear, contenting ourselves with thus holding up the mirror to some of our misguided brethren, that they may see their own deformity. Verbum sat.

#### AGRICULTURAL RESOURCES OF GEORGIA.

Professor Joseph Jones, M.D., of the Medical College of Georgia, having been appointed Chemist to the Cotton-Planters' Convention of that State, has published his first report, in a huge octavo pamphlet of 312 pages. It exhibits the agricultural resources of that State to be immense and inexhaustible, and proves how little has been done to develop them by the sparse population of that extensive State, in which millions of acres of the finest land, rich to repletion, with every native material for agricultural improvement, are lying uncultivated, not only going to waste, but rapidly deteriorating for lack of industrious laborers. The luxuriant crops yielded to the past generation by the spontaneous richness of the soil, and this with but little labor or cultivation, have exhausted its productiveness, and the inhabitants by tens of thousands have migrated to other parts of the State and to other States in quest of more productive lands.

The agricultural survey, now commenced by Professor Jones, as the appointee of a Convention of Cotton Planters, if fostered by the State and carried out to completion, cannot fail to work a mighty revolution in the political and commercial status of that great State, for

Georgia has a territory 322 miles in length from North to South, and 224 miles in breadth from East to West, having thus an area of 58,000 square miles, while her whole population scarcely exceeds that of the single city of New York, including half a million of the colored race, either bond or free, and includes almost every variety of climate, extending, as it does, from the almost tropical regions upon the Atlantic coast to the cool and bracing atmosphere of the Blue Ridge, thus covering the finest climate of any State in the Union. Surely the time cannot be distant when agriculturists will rally to develop the resources of so desirable a country, and rescue its worn-out soil from the sterility to which the richest lands of earth are destined when exhausted by their own productiveness and abandoned without labor to the elements, annually degenerating by neglect.

#### CINCINNATI LANCET AND OBSERVER.

Our readers, who know the plainness of speech with which we republied the food slander of our Brooklyn brethren, of which we considered Messrs. Stevens and Murphy, will not be surprised to learn that they have literally exploded with rage in their last number, and empty their phials of wrath upon the Gazerre, and its editor, just as the gallty are wont to do when they are smarting under the lash. Instead of retracting their falsehood, as they had promised to do, and as we opened the way for them to do, and doing justice to Professor O'Leary and the Long Island College Hospital, both of whom they had libeled, they have the temerity to repeat the calumny. We therefore proceed to the reluctant task of "nailing them to the counter as reprobate coin." Mark how a plain tale shall put them down.

Chas. O'Leary, now M.D. and Professor of Chemistry in the Ohio Medical College, graduated in the Long Island College Hospital at Brooklyn in March last. Before being admitted to his examination, he filed the proofs required by law that he had pursued the study of medicine under the direction of reputable practitioners beyond the full term of three years, and that he had attended a full course of lectures in the Ohio Medical College. Whereupon, on full proof of his qualifications, the Council and Faculty conferred on him the degree of M.D. in regular course.

Soon after Dr. O'Leary was appointed a Professor in the Ohio Medical College. This was the head and front of his offending the firm of Stevens & Murphy, who forthwith denounced the College

which had graduated him in their Lancet and Observer, by falsely alleging that he had not studied medicine beyond a single year! and had, therefore, been unlawfully introduced into the profession. They gratuitously and rudely called upon us by name to answer to this foul calumny. But for this we should have had no occasion to allude to the subject in the GAZETTE; but having been thus outraged by being obtruded into the concerns of our neighbors, we promptly inquired into the facts of the case, and responded to our interrogators by a merited rebuke, which it seems has sadly "frightened them from their propriety."

The pretext they now give for appealing to us by name is, that we had spoken kindly of the Long Island College Hospital on their opening; as we have since done of the Ohio Medical College, and as we always do of new colleges founded by honorable men. But this does not justify the insult of being called on to defend any of them from every libeler whose envy or malice prompts him to go around the world with a dagger in his right hand.

But the pretence they now make that they did not know that Dr. O'Leary had studied in Cincinnati more than a year, is an aggravation of their offence, and only adds insult to injury. No man's character is safe if such a press is to be tolerated in Cincinnati or elsewhere. We do not now marvel at the everlasting turmoils in the profession of the Queen City, or the success of Eclectic quackery there. We hope better things from the new regime now inaugurated in that city. And as to the idle menaces, and even impudent threats of the Lancet, all concerned may not only defy, but despise them. Verbum sat. Read the following letter:

To the Editor of the American Medical Gazette:

DEAR SIR—A sense of duty to Long Island College Hospital obliges me to notice the charges brought against it by the Cincinnati Lancet and Observer in reference to my graduation. Prior to the issue of the last number of this journal I had an interview with Dr. Murphy, the man who originated and repeated the charge. He in a very apologetic tone wished to deny that he had been prompted by any motives pertaining to me personally, or to my connection with the Medical College of Ohio, in publishing such a statement, but that he joined in a protest of the Medical Association of New Haven against Long Island College for graduating students under the required time. Probably Dr. Murphy alone has been able to discover that such a pretext had been made. Upon being asked on what ground he based his

charge, he replied that it was the current report among the profession that I had been studying medicine only one year. I then requested him to set aside such vague authority as current report, and find one physician in this city who would affirm on his word the truth of the statement made by him, and I should be willing to renounce my claim to a degree in medicine. Possibly he himself as responsible editor may be willing to affirm the truth of his own statement. I further told him that against his current report I had submitted to the editor of the journal the written testimony of a respectable physician, in order to convince him of his error, and give him an opportunity of quietly correcting it. This mode of repairing a wrong seemed not congenial to his taste—as not calculated to gain him the singular notoriety he seeks. He preferred, to use his own select phrase, pitching into Dr. Reese, as he has done in the last issue. He shifted from his first statement, and endeavors to uphold his charge in saying I did not spend three years in a physician's office. Assuredly this I never professed to have done. I have spent three years, and more, in the study of the different branches of medicine under the guidance of regular physicians, and of this I have given satisfactory testimony.

I will take no further notice of Dr. Murphy's statements—no matter under what form, or how often repeated, but will leave him to the free exercise of his privilege of making whatever statement seems to him proper, but highly improper to most of his profession.

CHAS. O'LEABY, M.D., Prof. Ohio Med. College.

### SOUTHERN STUDENTS.

An attempt was made in this city lately to awaken political feeling among the few Southern students who are sojourning here in attendance upon our medical colleges. We observe that the attempt has been a failure, and so far as we can learn, neither of our schools is in any danger of a stampede, such as disturbed the equanimity of our Philadelphia brethren last year. How they are likely to fare in that city this year, we are not informed, though we hear that there are fewer Southern students in any of the Northern schools the present year than usual. This was anticipated in view of the sectional political strife which agitates the country, and the earnest appeals sent forth by some of the medical journals in the South, to the profession and the public, for medical students to patronize their own schools.

Let us hope that the commonwealth of medicine may soon cease to

be disturbed by so irrelevant a controversy, as now threatens the public tranquility. Let the political parsons, lawyers, and demagogues rave and fight if they will, and even divide the government by geographical lines if they can; but let physicians know their calling better, than to smite their brethren either North or South. Science and partisan politics are wholly incompatible.

#### W. G. T. MORTON AGAIN!

This everlasting bore has been laying low of late, and has meanwhile been trying to humbug the Commissioner of Patents at Washington into a renewal of the bogus patent for *Letheon*, a secret compound, as he then called it, for etherization. But again he has been repelled, and his fraudulent pretensions been defeated.

But already he is after our Commissioners of Emigration in New York, in forma pauperis, holding out his hat for compensation! And for what? For stealing from the late Dr. Horace Wells, and ever since robbing his widow, of the credit of discovering the anæsthetic effects of inhaling ether, which Wells proclaimed his purpose to reveal pro bono publico. In an evil hour he disclosed his secret to this Morron, a Boston dentist, who had been his pupil; who, thinking he spied money in it, forthwith called ether "Letheon, a new compound," and sued out a patent, which he has often tried to enforce, suing the doctors and hospitals, until finding his patent repudiated by the U.S. Government, State and City Governments, and everywhere in Europe and America, is now trying to wheedle out of those who know no better, a pittance under the pretence of poverty, which, in equity, ought to be his reward. We have long since done our duty, by exposing the imposture.

#### DENTAL COSMOS

Is the title of another monthly journal, devoted to Dentistry, published at Philadelphia, and edited by Drs. White, McQuillen, and Zeigler. It is well sustained by contributors, and is edited with marked ability. We learn by the last number, that the Dental profession of the country are about to do themselves honor by the general and spontaneous action they have taken on the occasion of the lamented death of Prof. Chapin A. Harris, M.D., of Baltimore, long one of the most eminent of their faternity. Their excellent resolutions, their admirable letter of condolence to the bereaved widow, and their resolve to raise a pe-

cuniary testimonial for the family of the deceased, are all in good taste, and speak volumes in favor of the Dental Profession. We perceive that our friends, Drs. Eleazer Parmly and Solyman Brown, are among the leaders in this noble movement, in which they are amply sustained by the brethren everywhere. We honor the motives of all concerned, and will be happy to chronicle its successful issue.

### OAK ORCHARD ACID SPRING WATER.

This valuable mineral water, adapted to medicinal use in a variety of diseases, is found to be curative by its external application, as well as when taken internally; as might be anticipated from the variety and proportions of chemical combinations it contains, as shown by its published analysis. We have reliable evidence of its great utility as a tonic and astringent, and are not surprised to learn that many of our medical men are beginning to appreciate its powers, and to prescribe it.

Hiram W. Bostwick, Esq., has the sole agency for supplying it, at the Metropolitan Building, 574 Broadway, New York. He is in every way a reliable man, and worthy of the confidence of the profession and the public.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL

Gravely announces that Dr. Holmes' address receives "a very able and well-written review" in the Charleston Medical Journal. But it has not announced the "able and well-written reviews" of that same address in other quarters, viz., the Maryland and Virginia Journal, New Orleans Medical Journal, &c. Query, was that review in the Charleston Journal written in Boston? From all that appears, it might have been furnished by Dr. Holmes himself. We suggest to our Boston confreres that they ought not to ignore the New Haven review of Dr. Holmes, which appeared in the great quarterly at Philadelphia, for it is no less a defence of Dr. Holmes, and his heretical and poetical vagaries, and ought to be formally announced.

# HOSPITAL STAFFS AND SPECIALISTS

Will find on p. 920 of this number an article which will enlighten them on topics in relation to which they need wisdom. It is a sad thing to know that some of them "never read the journals." They arrived at perfection long ago!

#### BELLEVUE HOSPITAL

The medical class opened their clinical course on the 24th of October. Addresses were made by the Hon. S. Draper, Dr. Mott and Dr. Francis, in the presence of some two hundred students. The new commissioners have spent, within six months, some \$50,000, for improving the condition of the institution, which had degenerated into chaotic confusion, and sadly needed reform. It is still without a medical head, and while it so continues, must degenerate both physically and morally. Under proper government, it might be made more useful to the schools, now that the fee to students is abolished, and clinical lectures are free.

### THE NASHVILLE MEDICAL RECORD

Appears in a new dress, taking nearly the form of the London Lancet; is to appear monthly, each number containing 16 pages, at \$2 per annum. It is to be edited by Professors Abernathy, Maddin, and Callender, all of Shelby College. Professor Wright, the former editor, is to contribute to its columns. The November number looks and promises well.

### MISCELLANEOUS ITEMS.

Military Surgery.—Prof. Frank H. Hamilton, of the L. I. College Hospital, will give his next Preliminary Course on this topic, with which he has acquired great familiarity. Our army surgeons, and those intending to become such, will find such a course profitable to them, as it will be to medical students generally.

The Cæsarean operation has been recently performed at Bellevue Hospital, by Dr. B. F. Barker, in a case of contracted pelvis. The child, weighing nine pounds, was removed alive, and the mother lived until the fifth day. We have a report of the case promised.

Professor E. S. Cooper, of San Francisco, has twice performed the Cæsarean operation successfully.

Professor Raphael, of the Charity Hospital, lately reduced a dislocation of the femur into the ischiatic notch, by manipulation, after anæsthesia had been produced by chloroform.

Two patients have been poisoned at the New York Hospital by conspirators in the same ward, who mixed Croton oil in their food.

Dr. Charles D. Smith, of New York, who has been absent on a European tour, has returned to his home.

New York Medical County Society.—At the Annual Meeting of this Society, held Nov. 12, the following officers were elected for the ensuing year:—President, Dr. H. D. Bulkley; Vice-President, Dr. Alfred Underhill; Recording Secretary, Dr. Henry S. Downs; Corresponding Secretary, Dr. S. A. Purdy; Treasurer, Dr. Benj. R. Robson. It is stated there are now about four hundred and fifty members living, and that the Society has had six hundred members.

New York Academy of Medicine.—The anniversary meeting was held on Wednesday evening, November 7, in the hall of the Historical Society. The oration was delivered by the President, Dr. John Watson, to a select audience.

The Medical Department of the University of the Pacific open their third regular session at San Francisco on the first Monday of November, in connection with a Clinical Infirmary. The Faculty seem to encounter much opposition to dissections, which most strangely has the sympathy of the public press. But the ardor with which the profession is cultivated there will not long submit to be debarred from the study of Anatomy. The use of the dead to the living must soon become apparent to the authorities there, as intelligence supplants superstition and prejudice.

Dr. H. W. Baxley, of Baltimore, has removed to San Francisco, Cal. He is a thorough Anatomist and an accomplished Surgeon, and will prove an acquisition to the profession on the Pacific, either as a teacher or practitioner. He distinguished himself as a Professor in the Ohio Medical College, and in the Washington University of Baltimore.

Proof James P. White, of Buffalo, is one of the most accomplished obstetrocians of our country, and in the late trial of Fisher, at Chicago, and proof of two we are not surprised to learn that he was equal to days and and won golden opinions from the Court and jury, the constant between the issue of the case.

by public authority for the analysis of the food, drinks, t.c., used by the inhabitants of that metropolis. The direction of the selfish schemes, as in New York, defeat any organizative the protection of the public health, by the systematic prohibitations in the necessaries of life.

#### BOOK NOTICES.

On Diseases peculiar to Women, including Displacements of the Uterus. By HUGH L. HODGE, M.D., Professor of Obstetrics and Diseases of Women and Children, in the University of Pennsylvania. With original illustrations. Philadelphia: Blanchard & Lea. 1860.

We gladly welcome this new and original work, by an author who, though not addicted to, or afflicted by any caccethes scribendi, has at last ventured to publish "the results of his observations and reflections on the diseases peculiar

Although heretofore comparatively silent, yet for forty years or more, the author has been devoted to this important department of medical science, both as a teacher and practitioner; and has acquired a reputation in both capacities, certainly second to no man in the country. And from the cursory examination, which is all we have as yet been able to make of the book, we judge it to possess both novelty and merit, entitling it to rank with the best contributions ever made to our American medical literature. We shall take occasion in a future number to indicate some of its claims to the position we award to it.

The work is inscribed to the Alumni of the great school to which the author has been so long attached, by whom it cannot fail to be highly estimated. A brief and significant letter to Professor Charles D. Meigs, of the Jefferson Medical College, is prefixed, in response to the similar salutation of the author by the latter gentleman, in his work on the same subject, published a few years ago. The genial and kindly spirit of this response, like the letter to which it refers, is in excellent taste, and shows the entente cordiale which has ever subsisted between these two great rivals, and greater friends, in the same city. Their example in this respect is alike honorable to themselves and the profession.

The publishers have brought out this work in a style of superexcellence, with exquisite illustrations, and in elegant finish, except that in our copy there are defects in printing, the pages varying in color from black to pale, a fault which we have seldom noticed in the work of our old friends of the Collins

Compendium of Human Histology. By C. Morel, Professor agrégé à la Faculté de Médecine de Strasbourg. Illustrated by 28 plates. Translated and Edited by W. H. Van Buren, M.D., Professor of Anatomy in the University of New York, &c. New York: Baillière Brothers, 1861.

This is truly a compendium, and condenses the kind and extent of Histological knowledge, which every student of general and minute anatomy needs, and will seek in vain in any other book, which we have extant in our language. The importance of this comparatively new science to physiological and pathological researches now in progress, renders the appearance of this work a source of congratulation.

The translator and editor has done good service to the profession and to the book itself by the annotations he has made, which, though brief, are appropriate and judicious. The publishers also merit thanks for the style in which they have issued the work, and the elegance of its numerous plates, which enhance its value and utility. Price \$3.00.

AN EPITOME OF SURGERY. By J. BEADNELL GILL, M.D. London: H. Baillière.

This little book," price one shilling," contains notes or outlines on the theory of surgery, in axiomatic style, and may be useful to aid the memory of students. as it can be carried in the vest pocket for reference. Brevity, sententiousness, and condensation, seem to have been the objects of the author, even at the expense of perspicuity. The author, however, has prepared an Epitome of Botany in the same style, and seems to understand his subject.

^{*} Twenty-five cents of our currency.?

BED-CASE: ITS HISTORY AND TREATMENT. By WALTER CHANNING, M.D. Boston: Ticknor & Fields. 1860.

This is a pamphlet well worthy of the study of physicians, and equally adapted to persons suffering under chronic disease, and especially that large class of

patients who are the victims of morbid states of the nervous system.

We have never seen anything from the pen of the author, and he is a frequent we have never seen anything from the pen of the author, and he is a frequent contributor to the Boston Journal, which did not interest and profit us. And we regard this latest of his literary labors as eminently worthy of being studied. It has all the attraction of a romance, while its graphic and truthful narratives of bed-cases and their cure, possess intrinsically very great merit, by their skillful discrimination, and scientific practice adopted in their treatment. We trust that this instructive pamphlet may have a wide circulation.

Physician's Visiting List, Diary, and Book of Engagements for 1861. Philadelphia: Lindsay & Blakiston.

This is the original work, issued by the publishers many years since; and has since become an Annual, and obtained a wide circulation. We advise our readers to order it in time, and not be obliged to substitute any of the numerous imitations with which the market is glutted, and to buy which they will be bored by peddling agents, as the year draws to its close.

One of these is gotten up by a notorious quack, long since expelled from the American Medical Association, and yet he has the assurance to advertise it largely in some of the Medical Journals. Plagiarism is his trade.

STATISTICAL REPORT OF THE SICKNESS AND MORTALITY IN THE ARMY OF THE U. S. FROM 1855 TO 1860.

This valuable document, making a large quarto volume, by Richard H. Coolidge, M.D., Assistant Surgeon, has been prepared under the direction of the Surgeon-General of the U.S. Army, Dr. Thomas Lawson; and by his courtesy we have been favored with a copy, which we shall notice hereafter. We have only space gratefully to acknowledge its receipt.

PROCEEDINGS OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.

This volume is already issued, and abounds with interesting and practical matter, demonstrating the ardor and industry with which its members are inspired. The late convention was held in New York, and was very generally attended by delegates from abroad, working men, who took an active part in the proceedings. No more useful organization exists, in any department of the medical profession, and their transactions for 1860 make a beautiful and attractive volume.

Receipts will appear in the next number for January.

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, AND

# CHARITY HOSPITAL.

# ANNUAL ANNOUNCEMENT

OF

# LECTURES,

CLINICAL AND PRACTICAL INSTRUCTION,

WITH

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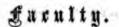
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OF THE

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AND

### CHARITY HOSPITAL,

Respectfully announce to the profession, that for this *Eleventh* Session of the College, they have united in a *reorganization*, and with the view of conforming to the earnest and repeated recommendations of the

#### AMERICAN MEDICAL ASSOCIATION.

- 1. They have increased the number of professorships and of the branches taught in the school, which they propose to augment by additional appointments.
- 2. They have provided for an increase of the number of hours devoted to practical instruction, and for a reduction of the number of didactic lectures in each day.
- 3. They have extended the term of their Annual Session to six months, and they design to give a Summer Course of four months by the Faculty, so as to fully occupy the academic year for the benefit of such students as may find it convenient to remain in the city.
- 4. They will require daily examinations, or recapitulation of lectures.
- 5. They have provided for thorough instruction in Clinical Medicine, Surgery and Obstetrics, and will continue the College Clinics throughout the Course, in addition to the multiplied opportunities afforded by our numerous Hospitals, Infirmaries, Dispensaries, Nurseries, &c., to all of which our students will have access.



- 6. They have set apart one-third of the College building for a *Hospital*, where everything pertaining to a well-regulated institution will be furnished under the same roof.
- 7. They are required by their charter to conduct the final examination of all candidates for the Doctorate before an Independent Board of Examiners, appointed as Censors by the Trustees; and in addition, the State Medical Society has the privilege of being represented by the Censors, to see that the laws of the State, in regard to age and term of study, are complied with, and that no unworthy or unqualified candidate be advanced to the degree of Doctor of Medicine by this College.
- 8. They earnestly recommend that all private teachers and physicians who receive pupils into their offices shall insist upon preliminary education; and, when possible, instruction in a preparatory school, before entering upon their Collegiate course.

In thus conforming to the expressed voice of the whole profession, by their representatives in our National Congress, the Trustees and Faculty respectfully submit whether they ought not to be sustained in these efforts at *reform* in medical education, the necessity of which is notorious.

They enter upon this work not without misgivings, but resolved on doing their whole duty in this regard, and rely upon their brethren in the profession everywhere, who have urged these identical improvements, for success. If all such will combine their patronage and influence, the result cannot be doubted.



## College Kospital.

The Board of Trustees are happy to announce, that through the aid of its members, the Alumni and many kind friends of the College, they are now able to offer to the Medical Profession, and to the students of medicine, the practical advantages they have for years held in contemplation.

Fully aware of the incomparable advantages of practical instruction over that of didactic lectures, they have opened a part of the College building as a Hospital. Here the Professors of Surgery may offer operations to the class, from which they would otherwise be precluded, because of the danger attending removal from the surgical theatre to a distant bed; and the after-treatment, often as important to the student as the operation, can thus be exhibited in its successive stages.

The superior advantages which the student may here derive from the instruction of the Professors of the Practice of Medicine, of Obstetrics, and Diseases of Women and of Children, must be apparent—where the eye and the other senses can be so successfully appealed to, in impressing the memory; and where the judgment of the student may be exercised in the diagnostication of disease.

Here the student will find, too, an unsurpassed opportunity for the practical study of Pharmacy and the dispensing of medicines.





#### ANNUAL ANNOUNCEMENT OF THE

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# City Hospitals and Dispensaries.

#### THE STATE EMIGRANTS' HOSPITAL,

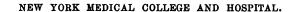
One of the largest in the country, is open for direct clinical teachings by Prof. Carnochan, who is its Surgeon-in-Chief. This hospital contains about 1,500 beds, and has accommodated more than 15,000 patients annually; 1,800 children were treated here, and 700 women delivered, during a single year.

#### BLACKWELL'S ISLAND HOSPITALS.

The Work-House, Penitentiary Hospital, Small-Pox Hospital, and Alms-Houses are included in these institutions. Over 10,000 patients are treated here annually, presenting all forms of uterine, cutaneous, and venereal diseases. Dr. W. W. Sanger is the Resident Physician.

#### NEW YORK HOSPITAL.

This hospital, which is one of the finest in the country, contains about 400 beds, occupied by over 3,000 patients annually. It has a library containing over 5,000 volumes. Students are allowed to attend the *post-mortem* examinations.



#### BELLEVUE HOSPITAL.

This institution of the Alms-House Department is now under the control of the Commissioners of Charities and Correction, who have undertaken improvements which will greatly enhance its usefulness. They will make all the appointments for the medical staff, including the house physicians and surgeons, among whom vacancies are frequently occurring, by the expiration of the time of the incumbents. These situations are desirable and accessible to diligent students, who will qualify themselves to pass the required ordeal.

Clinical lectures are given regularly in the hospital by the physicians and surgeons in attendance, and for a trifling fee their advantages may be realized. The inmates are reported weekly to average 900, including all the varieties of disease, making an aggregate annually of some 4,000 patients.

#### OTHER CLINICAL OPPORTUNITIES.

These great Hospitals include but a small share of the public provision made in this great city for the sick poor. Our five Dispensaries cover the out-door poor of the entire city, and their joint report for 1859 shows a total of 134,418 patients registered.

Besides, the "German Dispensary of the City of New York" will offer some 1,600 or 1,700 cases, yearly, of infantile diseases, which will increase the opportunities of studying infantile pathology, under the daily supervision of Professor Jacobi.

Our Eye Infirmary and Hospital, Children's Nursery, and numerous other similar institutions are ever thronged with patients, and all may be made tributary to the practical instruction of students.



#### ANNUAL ANNOUNCEMENT OF THE

## Departments of Instruction.

#### CHEMISTRY AND TOXICOLOGY.

Impressed with the importance of the discoveries of modern chemistry in enabling the physician better to comprehend the changes wrought in our human laboratories by the air we breathe, the liquids we drink, and the food we eat, as well as by the medicines we may be occasionally called upon to employ; and aware of the impossibility of imparting retainable chemical information by lectures and experiments alone, be they ever so brilliant and attractive, it will be the rule of this institution, that every candidate for graduation shall have devoted a portion of his time in the practice of chemical manipulations in the analytical laboratory provided in the College.

With the determination of perfecting this system of instruction more completely, the Chair of Chemistry has been divided. General and Medical Chemistry will be under the charge of Prof. Doremus; such topics being selected as are best suited for the medical student, with analyses by the students of urine, urinary calculi, &c.

The department of *Toxicology* will be treated by Prof. Bern. L. Budd, whose familiarity with the legal as well as the chemical relationships of this subject will be employed for the benefit of the students.

The analytical laboratory will be employed by both Professors, and is their chief reliance for awakening an interest in a department notoriously neglected by the medical student, and where they trust to be successful in conveying some chemical information which shall prove of practical service.



#### CLINICAL AND OPERATIVE SURGERY.

Prof. Carnochan is amply provided with all needful apparatus, instruments, casts, models, plates, and colossal drawings, &c., which he will have occasion to employ in illustrating his course. The different modes of performing all the surgical operations will be illustrated upon the *cadaver* before the class.

## THEORY AND PRACTICE OF MEDICINE AND MEDICAL JURISPRUDENCE.

Prof. Reese will introduce his course by a few preliminary lectures on Hygiene and Prophylactic Medicine. The Practice of Medicine, including the science and the art, will then be systematically taught by didactic lectures, accompanied by pathological drawings, models, casts, &c., and the presentation of cases, with practical instructions in diagnosis and treatment The latest improvements in practice will be fully examined. Medical Jurisprudence will be reserved for the latter part of the course, when the class will be better prepared to study it.

## PRINCIPLES AND PRACTICE OF SURGERY AND SURGICAL PATHOLOGY.

Prof. Raphael's course of lectures will embrace an exposition of the latest views and improvements with which modern surgery and surgical pathology have been enriched. It will be fully illustrated by all needful adjuncts, and as far as practicable by cases and recent morbid specimens.

#### CLINICAL MIDWIFERY AND DISEASES OF WOMEN.

Prof. GARDNER will endeavor to familiarize the members of the class with the principal diseases of women by didactic lectures, and

#### ANNUAL ANNOUNCEMENT OF THE

especially by clinical teaching—dwelling at length on the modes of diagnosticating the various diseases of the uterus and its appendages, and exhibiting to the class the influence of the most modern methods of treatment in this class of disorders. He will, as far as practicable, instruct students in the employment of the speculum, the uterine sound, &c.

#### ANATOMY.

The abundant facilities for dissection which New York now affords, offer opportunities for the study of anatomy not equaled by any other city in the Union. The subject will be taught by means of plates, preparations, and cadavera, in such a manner as to impress it upon the mind of the student.

Prof. Bronson will make use of all the new and improved methods of dissection and demonstration, presenting the subject in as interesting a light as possible, with special reference to its practical application.

The accommodations of the school for teaching anatomy are of the very highest class, the rooms for dissection being more capacious, better arranged, lighted, and ventilated, than any other of which the Trustees have knowledge.

The adjunct Professor of Anatomy will have supervision of the Dissecting Rooms, and with the Demonstrator and his Assistant will give constant and devoted attention to the students.

#### THEORY AND PRACTICE OF MIDWIFERY.

Prof. Chas. A. Budd will endeavor to introduce the student into this important branch of medical education by plain and explicit teachings, and by cases given to the more advanced members of the class to attend at the patients' residences. The physiology and pathology of the pregnant, parturient, and puerperal conditions will be fully dwelt upon, and students will be thoroughly rehearsed in all the necessary manipulations upon the manikin.







#### INFANTILE PATHOLOGY AND THERAPEUTICS.

This is the first digitact Chair in the United States established for this important branch of medical science and practice. Prof. Jacobi proposes to teach his branch both by didactic lectures and clinical instruction, to such an extent as to fully enable the students, after having completed their course, both to make a correct diagnosis of diseases of children, and to treat them satisfactorily.

Opportunities will be afforded to each student to treat the children presented at the clinic, under the supervision of the professor, and by attending them at their homes; thus deriving practical advantages not otherwise attainable.

#### PHYSIQLOGY.

The Professor of Physiology will teach, demonstratively, all the novelties of the science, by microscopical manipulations and vivisections.

#### MATERIA MEDICA AND PRACTICAL PHARMACY.

This Chair not having been filled in time for the issue of this circular, we can only say that the Cabinet of Materia Medica is ample and varied. The Professor will be in his place at the opening of the regular session.

#### COLLEGE CLINICS.

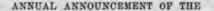
There will be two Clinics weekly, for the treatment of Surgical Diseases generally, with Operations before the Class.

Professor Carnochan will hold one, and Professor Raphael the other.

Professors Reese and Bronson will hold a weekly Clinic for the treatment of Acute and Chronic Disease, in general, with Physical Diagnosis.

Professors Gardner and Budd will also have a weekly Clinic for Diseases of Women.

Professor Jacobi will hold two Clinics in each week for Diseases of Children.



#### MUSEUM.

The valuable and extensive Museum, selected in Europe for this College, by its founder and late President, Professor Horace Green, will, by his courtesy, remain in possession of the Faculty, and be still available; and will be greatly increased from the private cabinets of the Professors.

#### PRIZES.

There are annually distributed to the successful competitors among the students of all the colleges numerous prizes which are open to diligent students, for the best thesis, for the best anatomical preparation, &c., &c. In our own school one of these prizes for the best thesis has been founded by an alumnus, and is annually awarded.

#### PRELIMINARY COURSE.

The Faculty will open the term on the 17th of September, 1860, by a preliminary Course of Daily Lectures, Clinics, Demonstrations, &c., by the several Professors, of which they advise all students to avail themselves. The Regular Session begins on the 17th of October, and will be continued daily until the 17th of March, when the Commencement will be held, Degrees conferred, &c.

The following are the subjects of the Preliminary Course:

0	n Endosmose and Exosmose, by	Prof.	Doremus.
	· Amputations, by		CARNOCHAN.
	' Hygiene and Prophylactic Medicine, by		Reese.
	Venereal Diseases, by		RAPHAEL.
	Diseases of the Breast, by		GARDNER.
	Visceral Anatomy, by		Bronson.
1	Operative Midwifery, by		CHAS. A. BUDD.
	Dentition, by		JACOBI.
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#### NEW YORK MEDICAL COLLEGE AND HOSPITAL.

#### FEES.

Full Course of Lectures\$105	00
Matriculation Fee 5	00
Fee for Demonstrator 5	00
Fee for Final Examination 30	00

Two full Courses, one being in this College, will admit to a Third Course on paying Matriculation Fee. Applications for less than a full course may be arranged with the Dean.

By the charter of the College, it is provided that five students of the Free Academy shall annually be admitted to the Lectures free; and by the action of the Trustees and Faculty, similar arrangements may be made for missionaries, clergymen's sons, and other exceptional cases, on application to the Dean.

#### GRADUATION.

At the Annual Commencement, in March, the Degree of M.D. will be conferred, which, by law of the State, conveys every right and privilege of the profession to teach and practice Medicine.

Candidates must have attended two full courses of lectures in some regular Medical College, the last of which must be in this College. They must be twenty-one years of age, and have studied medicine for at least three years, under direction of some regular physician. They must each write a Thesis on some professional subject, and deposit it with the Dean, with certificates of age, time of study, good moral character, and proof of having passed their two collegiate courses of instruction.

The examination for a Degree will be by the Faculty, before the Censors appointed by the Trustees and State Medical Society.

Any information concerning the College, Lectures, &c., may be had by addressing the Dean.



### YORK MEDICAL COLLEGE AND HOSPITAL.

ay obtain good board in the neighborhood of the Colby calling on the Janitor, on their arrival in the city. ge building is No. 90 East Thirteenth Street, near ne.

### R. OGDEN DOREMUS,

Dean of the Faculty,

70 Union Place.

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